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The Nurses Celebrate Christmas

HELEN W. MUNSON, R.N.

In New York

DID Christmas Eve ever find you "off a case" or, if you were one of a hospital or public health nursing staff, were you ever blessed with Christmas Day "off" and home at too great or too costly a distance for one day? Did it ever happen that you were the only one of your special group free for the day, or that you knew no one in town to play with and so felt that all that was left to do was to be alone and think sad thoughts of long ago Christmases? And then in the midst of it all did someone suggest—or did you know—about Nurses' House?

If they did—or if you did—probably you caught a train at the end of the day from the Pennsylvania station and crowded in with the last-minute shoppers and their miscellany of last-minute wares, holly wreaths and packages, in fact you probably rode with the usual excited Christmas crowd and in an hour's time found yourself standing on the platform of a village station.

If it happened to be your first visit you probably wondered what to do next; but not for long, because almost at once a fat and smiling driver had taken your bag and was leading you to his cab. And when you said "Nurses' House," he said "Sure" (he had known it all the time), and proceeded to drive you through a little town just like so many of the little towns so many of us have come from, down a long village street, past windows full of holly and festoons and cranberries and oranges and fat little pigs each mouthing a bright red apple, till the street merged into the highway and presently into a curving drive. And then—a big wide house, warmth and light, the fragrance of cedar and pine, someone who was all smiles shaking your hand,—and you were at Nurses' House.

Perhaps you arrived after dinner, in which case, having had a few last-minute things to attend to in town, yourself, in addition to a busy day before that, your first thought was of bed. And when you saw your room with its fireplace, with holly and ivy on the mantelpiece to welcome you, the small four poster beds with their scalloped covers and knitted afghans, you decided that no one would mind if you didn't face the group downstairs just then but, instead, got in a long night's sleep, secure in the thought that breakfast would still be going

forward at nine-thirty next morning. Privately you decided to arrive not earlier than nine-twenty-eight.

And next morning, Christmas Day, after a splendid night's sleep, you carried out this resolution and found that most of the forty-odd members of the family had done likewise.

points of all the holly and had almost set the silver bells on the two glittering Christmas trees to ringing. But most exciting of all were the stockings, big and bulgy and red and conspicuously labelled, hanging from the mantle, standing in all the corners and even piled on the grand piano.

Nurses' House, Babylon, New York

You also found that living rooms and the long hall were hung with holly and mistletoe, with laurel and pine, which you later discovered had come all the way from Pinehurst, North Carolina, from a good friend. And the sun streaming in through the eastern windows was touching up the

A cautious glance about revealed one stocking with your name on it. However since no one else had ventured to touch them you strove to seem unconscious and joined the group singing at the piano and then, breakfast.

This is neither the time nor the place

to stop to recall the fascinating egg-cooker which so intelligently cooked your eggs just to your taste; nor to report the quantities of little brown muffins which you consumed; nor to describe the sun dancing on the shining copper samovar which provided the big cups of coffee. Perhaps you were introduced to those about you, or perhaps no one bothered. The roof seemed to be sufficient introduction or not as any one wished.

And while some of you ate, others were around the piano singing all the old carols till presently, breakfast over, a slight uneasiness seemed to overcome the group.

Finally the weaker spirits could stand it no longer, and in about four minutes you and everyone else were sitting on the floor undoing your Christmas stockings. You hadn't had a Christmas stocking since the last year you were all at home together, and had supposed that no one but children had them any more. But what fun this was. Out rolled a big yellow orange, just as in your Sunday School days, and a big red cracker which yielded up both noise and a paper cap. Then came real presents done up in the proper way in tissue paper and ribbon. There were all sorts of nice little tricks and things to have: a box of doll-size clothes pins for fastening up your home laundry, and a pair of dusters in a neat bag, and an enormous tin butterfly that flapped its wings when you wound it up, and candy and powder—all sorts of things that you liked to have, and down in the toe a big red apple.

What fun! And through it all a very satisfying warmth somewhere within you. There wasn't anything "institutionalized" about it; nothing was stereotyped; it wasn't patronizing. No one was trying to entertain you,

Stairway, Nurses' House, Babylon, New York

particularly, nor were they leaving you severely alone. You were just reaching back to a Christmas like those when you came home from school. You were just at home.

There were carols all morning, and for those to whom Christmas means also worship, there was the little church down the "Church Walk" and across the road. Or there were hikes through the snow, out past the snow-hung living Christmas tree under the dining room window and on into the

woods. Or, if you wanted, there was the library, its walls filled with books, and the big chairs drawn up by the open fire where the andiron men danced before the flames.

But the crowning event was dinner. This is a secret: they had to borrow table-cloths that year because no one ever serves Christmas dinner from a polished table and doilies, as is done at ordinary dinners at Nurses' House. So table-cloths were provided from somewhere and the two big turkeys were carved at the table from damask, as is fitting and proper. And there were sweet potatoes and cranberry sauce and mince pie and Miss De Graw urging you to have more, till words fail you, even now.

And before you knew it Christmas was over and it was time to take the train back to New York. You hadn't known what to expect at Nurses' House beyond possibly a good night's sleep and a quiet day thinking that Christmas belonged to children. The trouble was that you hadn't allowed your imagination to expect enough. But you had this to carry away with you: that even though Christmas was over and you had to go back to your ward or your office or your district, Nurses' House was still there for you to come back to, full of welcome, every time you had a day or a week off, every time in fact that you wanted to go home.[1]

[1]Although Nurses' House is at Babylon, Long Island, and therefore more accessible to nurses in New York, it belongs to all nurses, everywhere. The funds for it came through some one who knew the work of the nurses of the A. I. C. P. in New York, and also from the Red Cross. It is near woods and water, there are swimming and hiking and tennis in summer, and hiking and books and good company in winter, and one can spend a day there, or a week-end, or a week, or sometimes longer, for a very small sum. Those wishing information about admission may consult: Alta E. Dines, A. I. C. P., 105 East 22nd St., New York City; or Florence M. Johnson, New York County Chapter, American Red Cross, 598 Madison Ave., New York City.

In Illinois

NURSES' COTTAGE, ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES, EDWARD SANATORIUM, NAPERVILLE, ILLINOIS

THE spirit of Christmas prevails in the Nurses' Cottage at the Edward Sanatorium, Naperville, many days before December 25th. Christmas customs already have been established and we look forward to them eagerly. The postman, arriving each day later and later, and more and more bowed under his heavy bag, is the first to remind us that the Yuletide is near, and for days before *the day* there are carols and celebrating.

The Cottage takes on a festive air with wreaths in the windows and doorways and a splendid tree in the corner of the living room. On Christmas Eve we gather around the tree and in front of the open fireplace where a wood fire crackles in the grate. It is here that we give and receive our gifts, and welcome those who come to wish us "Merry Christmas." The most important one of all is the real live Santa Claus who dispenses mysterious packages. By special permission we are allowed "late leave" and after our callers are gone we have a late supper

and then are sent to bed at ten-thirty, anxiously waiting for Christmas.

At seven in the morning we hear the first notes of Christmas, when we wake to the sound of singing. Someone is about already and is playing the lovely old carols on the Victrola in the living room. Then, while we pretend to doze, our doors quietly open and our faithful nurse leaves at the foot of each bed a huge red flannel stocking stuffed and bulging with an assortment of gifts from a very loyal friend of the Nurses' Cottage.

All day the Cottage is radiant. Dinner at noon is no ordinary meal. It is served in the sun-room at one big table and there are place cards and favors and flowers as well as turkey and mince pie. And when we have feasted to our limit, we go to our rooms to rest until, with the late afternoon, come our families and friends.

Evening brings the quiet calm and sense of peace and good will which only Christmas night can bring. The nurses are one in feeling that it has been *the* Christmas of their lives. It has been filled with loving-kindness and helpfulness from our families and our friends among whom we love to include the Sanatorium staff. Within us there is a renewed desire to bring to someone else, some time, at least a part of the joy which we have so freely received today.[2]

[2] One would scarcely guess that the nurses described above were ill, but the Nurses' Cottage, on the grounds of the Edward Sanatorium at Naperville, Illinois, was built with funds given through many years by the nurses of Illinois, for those among themselves who have tuberculosis. It was opened late in 1926, and represents one of the ways by which the Illinois State Association of Graduate Nurses interests itself in nurses' problems.

Christmas All the Year in Massachusetts

G. G. TELFER

YOU remember the song Beatrice Lillie sings in "This Year of Grace"—*I'm World-Weary*. If only she were a nurse we'd know what to prescribe for her—a week-end to a fortnight at "Fairview," Nurses' Vacation House in Rowley, Massachusetts. Times when you would give anything to escape from the sight of a sick patient or the sound of a buzzer, when trustees and heads of staff seem to grow horns and the clock goes round doublequick to the defeat of your best laid plans for the day, you are due for a rest at what a recent guest calls the "Life-Saving Station."

Open the year round, Fairview begins to soothe your frazzled nerves the moment you sight its eight hospitable chimneys. Crossing the threshold you sniff the spicy gingerbread Aunt Ray is baking for supper and shed your last worry as you come face to face with your hostess whom an Australian nurse fervently describes as "a square peg in a square hole."

Certainly Miss Wieck knew what she was about when she ruled that there should be no rules at the Nurses' Vacation House save this one: *no shop talk*. This is home. Here you can forget patients and charts, doctors and uniforms, and just be human. The homey atmosphere of the rambling 200-year-old house with its serene sun-flooded rooms, fragrant the year round with flowers, has power to enchant and rejuvenate all who come under its rooftree.

The first night most everyone turns in early, but after a deep refreshing sleep in the country air, you'll be

ready next morning to take a new lease on life.

What is there to do? Well, if snow is on the ground, you can pull on your mittens and galoshes, get out the bob sleds and skiis, or help yourself to skates or snowshoes, whistle to Connie, the expectant Chow, and betake yourself to the top of the slope behind the orchard for winter sports. Indoors, glowing fireplaces and cosy Franklin stoves invite you to make yourself at

Bring Along Your Mittens and Galoshes

home with a book or magazine. Some play bridge, others sew or embroider.

Peaceful evenings, a half hour may go by with no sound from a dozen occupants of the big living room but the rustle of a turned page, the snip of scissors, the tick of the old banjo clock. The Chow trots purposefully through to investigate some imaginary noise at the back of the house. Cards are shuffled for a new deal, and someone leaves the jigsaw puzzle to put a record on the phonograph.

Spring and fall, many come up over the road for week-ends or longer, between cases. Filling their cars with everyone who wants to go, they start out early in the morning for a tour of the quaint old neighboring towns of Newburyport, Bradford, Georgetown, Ipswich, Salem. Gloucester with its fishing lore and its summer art and theatre colony beckons you to one end of the lovely North Shore drive through Magnolia and Manchester-by-the-Sea. The quest of an old brass candlestick or kettle takes others off on the trail of byroads antique shops. Near by, a golf course is open to all comers for a nominal fairway fee, or you may take to horse through leafy woods paths.

Summers, all roads lead to bathing beaches. Loaded cars make for Plum Island or for the private beach at Ipswich where Fairview guests enjoy privileges of bathing and clam bakes unsurpassed.

The year round, as guest book comments testify, one of the most popular diversions of Vacation House is mealtime. No need to ring a bell. Everyone is within smelling distance. What calamity to be on a diet when the great platter of fricasseed chicken comes on the table, followed by steamed rice, homegrown yellow squash, spinach, little white onions, tender creamed mushrooms and sparkling red cranberry sauce. Who could resist sweet cider or that heaping pile of home-made rolls and later, even against one's better judgment, how refuse home-made maple ice cream and fresh baked chocolate nut cookies?

Have you ever tasted Kranskuchen or sampled Aunt Ray's classic Sunday breakfast codfish balls, crispy brown balls of creamy delight? small wonder departing guests mark down in the Guest Book, "gained 5¼ pounds in one week," or "4¾ pounds to the good." This is food to tempt the gods, and we are but human.

If you are able to move after such a dinner, you will want to stroll over the farm where nearly everything is raised for the table. Should you hesitate,

at first, to tell beets from carrots, some country-bred visitor will help you out. Those low feathery bushes are the tail end of the earliest vegetable to appear in spring. From the time the first young asparagus stalk pokes its head above ground till the frost is on the pumpkin, fresh picked garden vegetables grace the table. When winter comes, up they come from the well-stocked preserve cellar, out of big glass jars full of surplus produce from garden, orchard and berry patches—red and gold tomatoes, swiss chard, carrots, beets, beans, plums, quinces, pears, blueberries and mincemeat for pies. Your nose tells you there's sweet pickle in one of those earthenware jars down there, and if you lift the cover of another you will discover fruit cake put down in May to age for Christmas eating.

A family of Rhode Island Reds accounts for fresh laid eggs and chicken dinners, and a miniature village of bees promises honey in the comb. But the gardener's first love is the flowers that bloom in the spring! They fill the house with color and perfume from the time the first venturesome crocus peeps up in early spring until the leaves are turning and falling among hardy, tawny chrysanthemums in late autumn. Back to the city by the armful they go, to brighten many a ward and cheer the patients of nurses who have quite forgotten what made them so world-weary just a short while before.

Fairview Vacation House, Rowley, Mass.

Are you wondering who may come to Rowley? The generous donor of the house with everything in it and seventeen acres of orchard, farm and woodland, meant it for every graduate and student nurse who could spare time for a holiday. Sometimes it is a student nurse far from home, working her way through training

school in one of the Boston hospitals. She pays $1 a day. Graduate nurses pay $1.50. Some come from hospitals, glad to escape for a time the régime of the institution. Others, on special case work, seek a restful interlude between engagements. School nurses, superintendents, young and old, all are welcome, and everyone finds at Vacation House something she will never lose—the spirit of friendliness personified by the Hostess, herself a trained nurse, and a genius with flowers, fruit, fowls and human beings.

In spite of additions, space is limited. Not more than twenty can stay overnight at a time, nor may guests remain longer than two weeks. Holiday week-ends will be booked weeks in advance. More than 3,000 have tasted Fairview hospitality since the house was opened in June, 1923. Of course Fairview doesn't begin to take care of all who would like to come, especially in summer, but nobody wants it enlarged. So much of its charm is inseparable from the homey family atmosphere, the complete dissociation from an institution. A more logical development, as many a visitor from a distance observes, would be a chain of nurses' vacation houses, modeled on Fairview, within week-end distance of every nurse in the country.

In the Nurses' Cottage, Catawba Sanitarium, Virginia

CHRISTMAS EVE! The perpetual silence in the cottage is almost unbearable. Each girl is tucked snugly in her small white cot, perhaps dreaming of another Christmas eve that was gayer and more festive.

Outside the fleecy snowflakes are floating quietly down and dressing old mother earth in a sparkling blanket of white, but the stillness remains unbroken except for an occasional outburst of enthusiasm from the closed living room, where some mysterious preparations are under way.

True, "Uncle Sam" has been quite lavish with packages for each girl, but something is lacking that always accompanies the Yule season. Still those mysterious noises from the living room.

Earlier in the afternoon Miss Engle had quietly asked, "Alice, could I see you privately for a few minutes?" Alice, who had spent a previous Christmas here, hopped out of bed with a knowing twinkle in her eye, saying: "Yes, Miss Engle, right away."

Suddenly the quietness is broken by a chorus of voices lustily singing our favorite Christmas carols. Miss Engle rushes out to our pavilion and calls: "Girls, girls, you are invited to a Christmas party!" Such a mad scramble ensues for robes and boudoir slippers. We find the living room transformed into a place of gaiety with a riot of Christmas decorations, most beautiful of which is a huge Christmas tree ornate with bells, tinsel and the gayest of colors.

The girls occupy the chairs that are comfortably arranged for them and then the fun begins. As the singing stops, we hear a clatter outside followed by a loud knock. Miss Engle opens the door and who should walk in but old St. Nick, himself, carrying a huge sack whose contents he empties under the tree. After a cheerful greeting he gives us a delightful Christmas story and then each girl receives a burlesque gift. Thus the Christmas spirit was brought to a group of "shut-ins."

Endoscopy

Part III—Operating Room Technic

NORA L. ZUFALL, R.N.

A BRONCHOSCOPIC operating room should always be kept in readiness for any emergency. While true emergencies are fairly rare, when they do occur they are usually of a type which requires immediate attention. In general surgical work, any emergency operation will allow at least ten minutes to prepare for the operation, and the patient's life, or chances for recovery, not be lessened by it. In a bronchoscopic operating room a patient may be brought in who is dangerously dyspneic, and in these cases seconds count. If everything is in readiness, the bronchoscope can be inserted immediately and oxygen administered through the bronchoscope; the cause of the dyspnea can be determined and then treated. All instruments are kept sterile at all times.

The arrangement of the operating room and the arrangement of the instruments should be the same at all times as this makes for greater efficiency and better technic (Figs. 4 and 5). If each piece of equipment is kept in proper relation to each other piece, the work can be carried on with equal efficiency regardless of whether the case be done in the regular bronchoscopic operating room, the fluoroscopic room, or wherever the occasion demands.

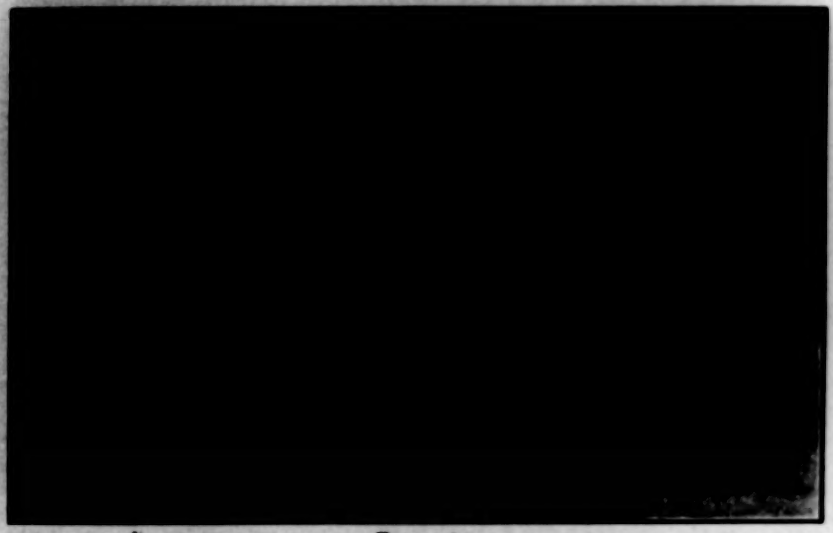


FIGURE 4

The arrangement of a bronchoscopic operating room which has proved very satisfactory is as follows: The operating table is placed near or in the middle of the floor. To the left of the table and near the head of it is placed an electrically operated suction pump; this is placed end-wise to the table and

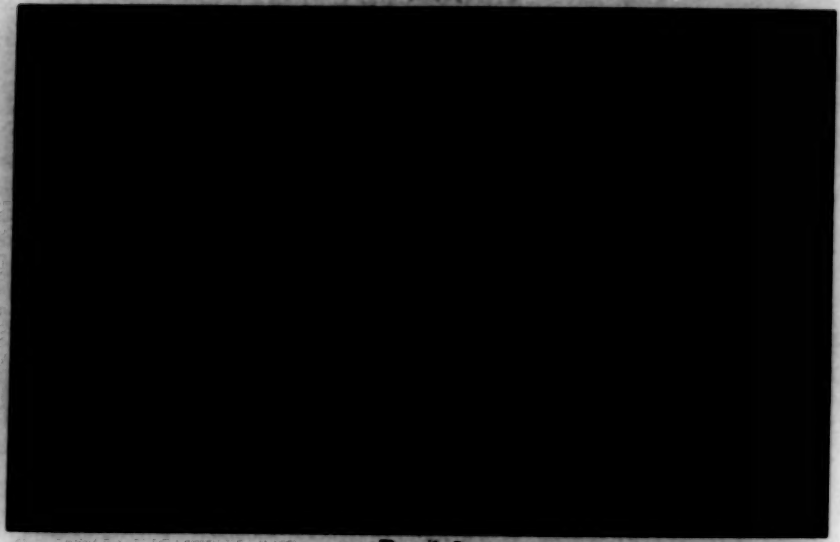


Figure 5

with the wheels at the head of the operating table. Back of the suction pump is an oxygen tank fitted with rubber tubing which fits the oxygen arm of the bronchoscope. Directly in front of the suction pump is placed the table on which is a bronchoscopic battery. A special battery should always be used for bronchoscopic work. A grounded house current should never be used as the bronchoscope, when inserted, is in contact with a long, moist surface and with a grounded house current there is always the danger of an electric shock. By keeping the suction pump and batteries in this position, they are always in the same relation to the patient's head and this is most essential as the cords from the batteries and the tubing from the suction pump are attached to the "scope" while in use. To the left of the batteries is placed the table or "coop" on which are the sterile bronchoscopes, esophagoscopes, laryngoscopes, etc., and the extra light carriers with lamps. In an operating room where there are not enough instruments to necessitate two tables, a "coop," which is a solution rack enclosed by sterile sheets, may be used for all the sterile instruments, one shelf for the "scopes," one for the forceps, one for spirators, one for extra light carriers, and one for instruments that are seldom used. If there are sufficient instruments to necessitate it, the Clerf bronchoscopic table may be used. This table is placed about three feet beyond the head of the operating room table and on it are the forceps, aspirators, sterile tracheotomy set, dilators, sterile linen, gloves, and all other instruments except those first mentioned (see Fig. 6). To the right of the Clerf bronchoscopic table is an instrument table on which the instruments should be placed which are to be used in each case. On the bottom shelf of this table are two trays, one containing formalin, 2 per cent solution, to be used for sterilizing esophageal bougies, the other containing alcohol, ninety-five per cent solution,

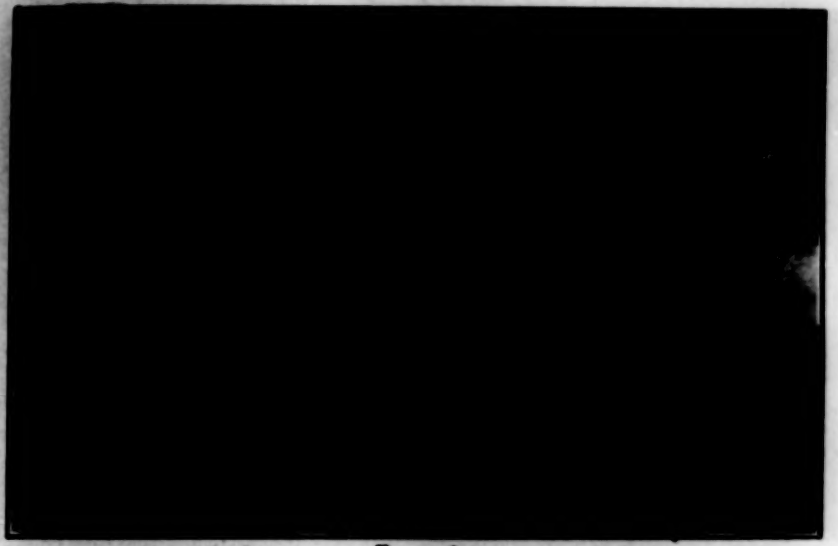


FIGURE 6

which is used for sterilizing light carriers and lamps. The alcohol is also used for wiping off the battery cords between cases. In the tray containing alcohol are bottles of all the solutions used in the treatment of cases.

Of equal importance is the proper placing of stools. A light, non-adjustable stool is placed between the battery table and Clerf bronchoscopic table. With it in this position the operator can move it with his foot to whatever place it is needed. A taller adjustable stool is placed to the right of the operating table and is used by the one who holds the patient's head. The foot-rest is placed at the head of the operating table and is used by the one who holds the patient's head. In this way it is possible for him to rest his arm on his knee, thereby making it much easier to hold the head. In bronchoscopy, teamwork is quite essential, therefore everything must be arranged so that each can work to best advantage.

The instrument assistant, usually a nurse, stands back of, and slightly to the right of the operator so that all instruments can be handed over his right shoulder. With the instruments always given to the operator from the proper position and handled in the same way, there is no time lost and the operator need not take his eye from the tube mouth.

Care of Instruments

THE care of bronchoscopic instruments is of utmost importance and must be made the responsibility of some one person, preferably the instrument nurse. A good surgeon must have due respect for the art of needlecraft and a good instrument nurse must have due respect for mechanics. In order to give instruments the proper care, one must realize that a screw is not merely a screw but an important part of an instrument and that an oil can is quite essential for a smooth-running clinic.

In order to simplify it as much as possible, the care of each group of instruments will be considered separately.

Bronchoscopes. The bronchoscope is a hollow tube having three or four canals, namely:

The main canal
The oxygen canal
The light carrier canal
The aspirating canal

The bronchoscope has also, as a part of it, a light carrier and lamp.

After a bronchoscope is used, the light carrier is removed with the lamp attached, washed thoroughly with soap and water and placed in the tray of 95 per cent alcohol. The outside of the bronchoscope is then washed thoroughly and each canal is flushed out separately. The Holman flushing apparatus has proved very satisfactory for the flushing of hollow instruments. The bronchoscope is then sterilized by boiling, the light carrier and outside the bronchoscope are thoroughly dried with sterile gauze and the light carrier reinserted in the proper canal of the bronchoscope. If the bronchoscope is held upright when it is removed from the steriliser, most of the water will drain out of it. However, it may be dried by using a bronchoscopic sponge for the main lumen and special pipe cleaning material for the other canals.

Esophagoscopes. In construction, the esophagoscopes are very similar to the bronchoscopes and are cared for in exactly the same way. While the care of the instruments is the same, it is interesting to note their point of difference.

As it is necessary for the patient to breathe through the bronchoscope while it is in the air passages, small openings are accurately placed near the distal end of the tube. Most of the bronchoscopes have an oxygen canal but not all have an aspirating canal, as in many cases there is not enough secretion in the lung to require much aspiration. In these cases the independent aspirator proves sufficient.

As it is not necessary for a patient to take air in through the esophagoscope there are no small openings near the distal end of the esophagoscope and no oxygen canal is required. There is considerable secretion in the esophagus therefore an aspirating canal is necessary on all esophagoscopes.

Laryngoscopes. After a laryngoscope is used, the light carrier and lamp should be removed and given their usual care. The slide can then be removed from the laryngoscope, the instrument thoroughly washed with soap and water, and the light canal flushed out. The slide is replaced before the instrument is put in the steriliser. Metal parts of instruments are not interchangeable, therefore each instrument should be complete before it leaves one's hands. After the laryngoscope is sterilized by boiling, the light carrier is replaced and the laryngoscope is ready for use.

Light Carriers and Bronchoscopic Lamps. The bronchoscopic lamps are very delicate and must be given special care. The cleansing and sterilizing have already been mentioned. The lamps should not be allowed to remain in water as they are very apt to become water-soaked and thus rendered useless. It is for this reason that 95 per cent alcohol is used for their sterilization. They may also be sterilized by placing them in an air-tight box in which there are formalin pastils. Lamps should be tested before they are put away, again when one is preparing for the operation, and immediately before the "scope" is inserted. A special battery should be used for bronchoscopic work and should not be turned on until the cord

which is attached to the battery is attached to the light carrier. The current should be turned on very slowly until the light becomes white. Sudden over-illumination will burn out the lamps immediately and continuous over-illumination will lessen their period of usefulness.

Electric Cords. The electric cords used for connecting the battery with the light carriers can be sterilized by immersing them in 95 per cent alcohol. While they are attached to the battery, that is while in use, they should be wiped off with a sponge which is wet with 95 per cent alcohol. This should be done always between cases. When wiping the cords care should be taken not to hold them too tightly as this may pull the rubber covering and cause it to tear, thereby rendering it unsafe for use.

Esophageal Bougies. Esophageal bougies are made of silk web material and cannot be boiled. After use they are washed with soap and water then sterilized by placing them in a two per cent solution of formalin and later rinsed with sterile water. The silk web tip is attached to a metal rod, so before using it one should make sure that the tip is secure.

Laryngeal Dilators. Laryngeal dilators are made of metal and are very easy to care for. They are washed with soap and water and sterilized by boiling.

Laryngeal Forceps. Laryngeal forceps are now made all together with the exception of the metal brackets which keep the two sides of the stem of the forceps close together. When washing these forceps, the brackets should be removed, the space between the stems flushed out and a light oil used between the stems. The oil should be of a type that will not gum, such as "3 in 1" oil or a similar light machine oil. The brackets

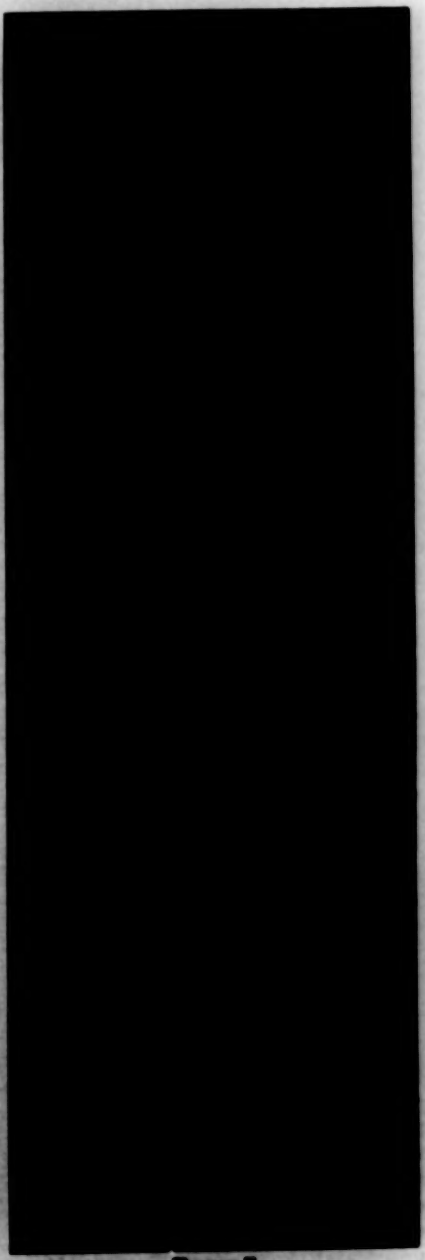


FIGURE 7

are then replaced and the forceps boiled.

Bronchoscopic Sponge Carriers. The sponge carriers are long metal rods that have collars which screw down and hold the sponge securely. After the sponge carrier has been used, the collar should be unscrewed, pushed up toward the handle and the whole carrier washed with soap and water. The threads are then oiled, and the collar pushed down far enough to hold the two points of the carrier near together. The sponge carrier is sterilised by boiling. To dry the sponge carrier, always slide the collar as near to the handle as it will go, dry the lower portion thoroughly, then screw the collar where it belongs and dry the upper stem and handle.

When "threading" a sponge carrier be sure the sponge is held securely. Make sure of this by screwing the collar down over the sponge as tightly as it can be done with the fingers, then with fingers pull on the sponge itself. Unless the sponge carrier is in perfect condition and the grasp of the sponge is correct, the sponge may pull out, even though the collar seems to screw down perfectly. These precautions are taken in order to prevent sponges being lost in the patient.

Bronchoscopic and Esophagoscopic Forceps. These forceps are made up of four parts (see Fig. 7):

1. Stilet
2. Cannula with handle and screw
3. Lock nut
4. Set screw

A very important point to remember about these forceps is that the parts are not interchangeable, therefore not more than one forceps should be taken apart at one time. After the forceps has been used, the outside of it should be washed with soap and water. The lock nut should then be unscrewed, the set screw removed, and the stilet removed from the cannula. The stilet is washed with soap and water and if there are any rough places on it, these may be rubbed off with a very fine emery cloth. The cannula is flushed out and several drops of light oil are put in it. The stilet is then reinserted in the cannula, the blades of the forceps brought into proper position, and the set screw and lock nut replaced. These forceps are sterilised by boiling. After boiling the forceps should be held upright, the blades opened and closed several times while the forceps is held in this position. In this way excess water is worked out of the cannula. Where the water contains sufficient alkali to form a coating on the instruments, it is quite essential that bronchoscopic instruments be boiled in distilled water. The cannulae are so small that they fill up very easily.

In replacing the stilet of a bronchoscopic forceps, the blades should be brought in their proper relationship to each other and the rest of the forceps. In a forward grasping forceps of any kind, the blades should be flat with the handle of the forceps. In a side curved forceps the curve should always be turned to the left. If a certain case requires the blades to be in a different position they can be turned for that case. By having a certain position in which to keep them, there is better technic and less loss of time.

Aspirators. All aspirators used in bronchoscopic work are washed with soap and water after use, then flushed out and boiled. The spiral tipped aspirators need special care in handling. If traction is used when washing the tip it may be bent or broken off. If care is not used in putting it down, it may become damaged. If the tip should become bent or broken do not use the aspirator until it has been repaired as the tip may break off in the

patient. Always remember that a defective instrument is a dangerous instrument. It is far better to have an instrument repaired before an accident occurs. In this, as in all other things, it is far easier to prevent trouble than to rectify it.

Bite Blocks and Laryngeal Applicators. Bite blocks and laryngeal applicators are cleansed by washing with soap and water and sterilized by boiling. It is quite necessary to check up on the applicators frequently in order to be sure that they will hold a sponge securely.

Equipment and Its Care

IT should be the duty of the instrument nurse to see that all the equipment in the bronchoscopic operating room is kept in good working order.

Suction pumps, in order to run smoothly, must be kept clean and well lubricated. No motor will run smoothly if it is not well lubricated and the motor to the suction pump is no exception. Unless oiled at regular intervals, it is likely to stop running while in use.

An adjustable stool is not easily adjusted unless it is kept lubricated.

A table with a sliding top will not slide easily unless it is well oiled. The use of oil also tends to prevent rusting.

Bronchoscopic Batteries. It has been found advisable to have batteries recharged every three or four months, whether or not they have been used.

Bronchoscopic Lamps. These lamps are very delicate but with proper care they will last quite well. The battery should never be turned on until the light carrier and lamp are attached to it. In this way the lamp is not so likely to be burned out by over-illumination. If the lamp will not light, look for the trouble in

1. The cord
2. The lamp itself

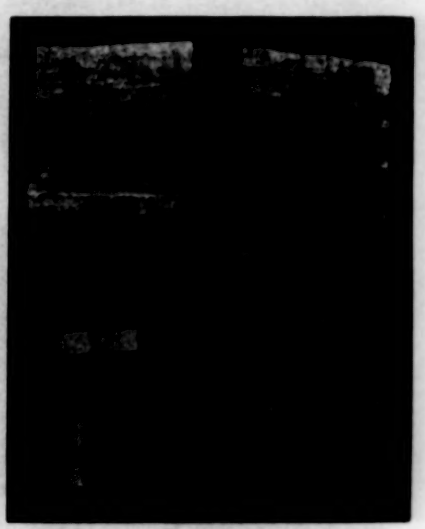


FIGURE 8

3. The light carrier
4. The battery

The cord may be twisted or wire broken in it. The lamp may be broken or burned out, although many times an exudate forms on the metal part of the lamp and prevents proper contact. This may be cleaned off by rubbing the end of the metal lightly over the gnarled end of the battery cord. This same condition may occur with the light carrier and is treated in the same way.

When the trouble is in the batteries, it is usually due to improper connection, exudate on the wires or to the fact that the batteries need to be recharged.

It is a rule in the Chevalier Jackson Bronchoscopic Clinics that at the end of each operation everything must be left in readiness for the next operation, whether it is to be five minutes or a number of days later.

Bronchoscopic Sponges. These sponges are made up in four sizes and are spoken of as numbers 4, 5, 7, 9.

They are made of three-inch-wide gauze bandage and must be cut accurately. This is done by taking a marker the required size and pulling the threads in the bandage. Number 9 sponges are $1^{9}/_{16}$ inches; number 7, are $1^{3}/_{16}$ inches; number 5 are 1 inch; number 4 are $^{13}/_{16}$ inches. Each sponge is then folded so that all raw edges are turned in and they are "strung" on safety pins (see Fig. 8). The number nines are left as they are folded, but all the others are cut in two after they are on the safety pin. The sponges are wrapped in two layers of paper and sterilized in the autoclave.

Lung Packs. While the lung packs are not often used, some should be kept sterile and ready for use. The lung pack is cut the width of a number seven sponge but is about 10 inches long. The raw edges are turned in and the open side of the pack is sewed. At the end of the pack there is a piece of twisted silk about twenty inches long. The pack is then filled with bismuth subcarbonate wrapped in paper and sterilized in the autoclave.

Group Nursing at the Presbyterian Hospital, Newark, N. J.

PRESBYTERIAN HOSPITAL is introducing group nursing to patients needing special care and attention who cannot afford private nurses. The Superintendent of the hospital suggested it to the Board of Directors and the Medical Board. It was accepted, and one section of the first floor, consisting of eight private rooms and one semi-private room, was opened for this purpose.

There are seven nurses assigned to this department, each day nurse having three patients and each night nurse having four patients, which also allows relief for nurses off duty.

If, when reserving a room for a patient, the doctor states that the patient cannot afford a private room and two nurses, which he thinks are necessary, the booking clerk suggests group nursing which gives the patient graduate nursing service day and night for $5 per day plus the usual expenses. The doctor and hospital are both benefited by being able to accommodate each class of patients, and the patient is relieved of the worry of great expense. Often patients are transferred to regular floor care when on the road to recovery and special attention no longer necessary.

As group nurses, we find many advantages in this method in comparison with private duty or general floor duty, and we have had experience in both. When on day duty we each have three patients, giving us a variety of cases, which we find more interesting than being with one patient twelve hours a day, especially when that patient is recovering and our duties are light. It is also better than general duty, as often the students on your floor are in class several hours a day, which leaves you with several patients in your care.

During the day we have a two-hour rest period. We also have an afternoon each week, a whole day once a month, and every Sunday we take turns in having the morning or afternoon off duty. We have a month of night duty about every two and a-half months, but there are usually three nurses on at a time, and at the end of the month we have a day off. We receive $125 a month, and our meals and laundry. We do not live at the hospital.

Private duty nurses have two arguments against group nursing: First, that we take work from them. We do not believe so, as these patients were recommended to group nursing because they could not afford private nurses. Group nursing was started here, February 15, 1920, and the Special Nurses' Registry has not been affected by it. Second, the private duty nurses say that there is no financial benefit to group nurses. We believe there is, because our work is regular throughout the year. We do not have the expense of laundry, and we have the privilege of two weeks' vacation in six months, or a month's vacation in nine months, with pay. We welcome the release from the confining, tiresome method of being "on call."

We are under the supervision of the Training School office and the floor supervisor. Our doctors, supervisors and co-workers are striving to establish a good system of group nursing, which we hope will be a successful department in the nursing field.

L. P. AND K. H. (R.N.'s)

General and Special Diets in a Children's Hospital

NELL CLAUSEN, B.S.

THE awakening to the nutritional needs of children is becoming universal. Public schools, health clinics, welfare organizations and institutions, food growers and manufacturers with advertising, fellowships for research at universities and hospitals are all helping to create interest. But as the work is still small in proportion to the need, every available opportunity must be used to teach proper foods and feeding and to impress their importance upon both parents and children. Nowhere is there greater opportunity to teach good food habits and to create an appetite for good wholesome food instead of the popular pie and "hot dogs" than in a children's hospital. Since the child actually sees and eats the food provided over a varying period of time, he is more impressed than when merely told that certain things are good for him and that others are not. Frequently, after a child has been sent home from the hospital, the mother calls to inquire just how certain foods were prepared, as the child has insisted upon having them at home and prepared in the same manner.

When a doctor orders a general diet for a child in a children's hospital, it is taken for granted that the child is approximately normal in weight, and that there are no nutritional disturbances to be corrected by diet therapy. Therefore the general diet must be planned so that it will cover the complete nutritional needs of children from three to twelve years of age whose metabolism is normal. By adjusting the amount, the variation in age is easily covered. This diet will be the same as that given to all active, normal children of the same age. The basal metabolism of the child in the hospital will be lower than that of the child on the outside; so the amount of food required will be less, but the selection should be the same. The general diet may also be planned so that it forms a base for all therapeutic diets in the hospital.

The factors which influence the selection of food for the general diet are composition of food, digestibility, availability, economy, and the method of service used in the hospital.

The composition of the diet must furnish proteins, carbohydrates, and fats in proper ratio; it must contain all the minerals so important to growth; all the vitamins necessary for the promotion of the body functions, and the prevention of deficiency diseases; and a sufficient number of calories for growth, maintenance and repair of the entire body.

The digestibility of food depends a great deal more upon the method of cookery, after the food is selected, than upon the raw material. The list of foods which are considered unsuitable for children under twelve is becoming smaller all the time. Bananas and cabbage, which a few years ago were absolutely tabooed, are now given freely. However, pork and cucumbers are still excluded. Simple dishes are much more readily digested than are the more complicated and elaborate combinations so popular with grown-ups (especially brides and newly graduated Home-Economics students). Give children their meats broiled, their potatoes baked, their vegetables steamed and seasoned with butter and salt or, if more calories are

needed, with cream sauce; and give them only the most simple custards and puddings for dessert. A chef who has cooked in a general hospital or has catered to adults for any length of time does not make a success of cooking for children. The temptation to season highly, to crumb, and to fry is too great for him to resist. The highly seasoned foods soon destroy the appetites of the children for the bland, more wholesome foods. At the Milwaukee Children's Hospital it has been found most successful to employ girls of between twenty-five and thirty years of age who have average intelligence and enough education to interpret menus and diet orders, and train them to cook for the children. Time spent in creating an interest in the children among the kitchen employees is never wasted.

Modern shipping methods have made it possible to have an abundance of fresh fruits and vegetables throughout the year; but, because the fruits and vegetables which ripen where they are grown are more palatable, have lost none of the vitamins by being artificially ripened, and are in most instances cheaper, it is best whenever possible to use the home-grown products.

As very few hospitals have unlimited means at their disposal, it is usually necessary to keep the food expenditures within a certain amount. The arrangement of the food service also makes it impossible to serve certain dishes attractively but, taking all the above factors into consideration, the following outline for menus has been developed:

BREAKFAST

Fruit
Cereal
Bread and butter
Milk

DINNER

Meat or egg
Potato, macaroni, or noodles
Cooked vegetable
Simple dessert
Bread and butter
Milk

SUPPER

Cereal or soup
Fresh vegetable
Whole wheat bread with butter and jelly, jam, peanut butter, or honey
Milk
Fruit

The menus are made up for a week at a time, and an effort is made to have enough variety so that the same dish will not appear more than once in two weeks. However, if the food is to serve all general purposes, it limits the choice until it is impossible to have a complete change every week. Life in the best of hospitals becomes monotonous, especially so to children; and they are very quick to notice and appreciate something new on the tray. Their interest must be kept or their appetites lag.

The most popular dishes seem to be lamb stew, lamb chops (if allowed to have the bone), baked potatoes in the shell, and kidney beans, which are occasionally served as the main dish for supper. Vegetable soup is also popular. Oatmeal among the cooked cereals is the favorite; and with very few exceptions, puffed rice would be eaten three times a day if permitted. Fruit jello and ice cream rank highest of the desserts, bread pudding having a place at the bottom of the list. Without exception, bananas are the favorite fruit.

In January of this year a research problem was begun at the Milwaukee Children's Hospital, and a check was made of the general diet. A group of ten children was selected, and the hospital general diet was given without modification. The children were allowed to eat as they wished, and

"seconds" were given as asked for. All food was weighed; and the protein, carbohydrate, and fat were calculated. It was found that the diet as taken by the children gave approximately the percentage of carbohydrate, protein, and fat, 50–15–35, as generally recommended for growing children. The calorie value of the diet proved to be adequate, and the percentage gain was normal. No calculations were made with the minerals, but our knowledge of the mineral content of the foods included is assurance that they were all there in abundance. Due to the fact that strictly fresh eggs and butter, the best cuts of meat, one fresh raw vegetable a day, and one fresh cooked one (canned vegetables are used only when fresh ones are not on the market), fruit with meals, and orange juice routinely are given, there is small chance for vitamin deficiency. The two cases below are results of the check made of the general diet:

Milo—age 9 yrs., 6 mos.
Weight—
Jan. 10, 1920, 68 lbs., 30.9 kilos.
Feb. 7, 1920, 71¼ lbs., 32.3 kilos.
Percentage of gain in 1 mo. over first wt., 1.98%.
Average gain in lbs. per month, 3¼.
Average amount of food taken between Jan. 11 and 30:

	CHO	Pro.	Fat	Calories
Jan. 11..	245.74	60.07	85.93	1998.1
Jan. 23..	226.39	58.75	80.58	1901.7
Jan. 30..	282.63	73.69	98.30	2229.9

Chester—age 10 yrs., 7 mos.
Weight—
Jan. 10, 1920, 55 lbs., 25 kilos.
Feb. 7, 1920, 58 lbs., 26.3 kilos.
Percentage of gain in 1 mo. over first wt., 5.45%.
Average gain in lbs. per month, 3.
Average amount of food taken between Jan. 11 and 30:

	CHO	Pro.	Fat	Calories
Jan. 11..	195.63	52.99	78.06	1697.4
Jan. 23..	193.45	57.19	83.46	1753.4
Jan. 30..	194.57	54.69	76.69	1667.8

Soft diets are developed from the general diet without a separate menu chart being sent to the kitchen. Of the meats only bacon, fish, and chicken are given to patients on soft diet; so on the days that other meats are served, eggs are sent up for soft diets. The same fruits and vegetables are served, but are puréed. Potatoes and deserts are usually suitable for all. No raw vegetables are served to patients on soft diet.

Special diets most frequently ordered in a children's hospital are high caloric, low protein, and salt-free, diabetic, ketogenic, celiac, anti-constipation, cardiac, and anorexia. Trays for these diets are prepared and sent from the special diet kitchen under the direct supervision of the dietitian. The general diet is used as a base for most of these. The high-calorie diet is taken care of by increasing the food value of the dishes included in the regular menu. Extra butter, sugar, whipped cream, richer milk, and more eggs and bacon are added according to the need of the particular patient. The low-protein diet does or does not include meat according to the protein restriction specified by the doctor. If no meat can be used, the food requirement is made up of the general diet minus meat and eggs with extra vegetables and cereals. The cooks are instructed to take out food for the salt-free diets before seasoning.

The diabetic and ketogenic are always weighed diets. They are also planned from the general diet, but other dishes must be prepared for them in the diet kitchen. Both are low in carbohydrate so that the same general plan is used for them. The type of chart used for computing the diet is such that the same one may be used for several days unless the figures are changed, and yet provide a good

variety of food. The ketogenic diet, which is lower in carbohydrate and higher in fat than the diabetic, is a little more difficult to plan. The typical figures—CHO, 15 gms.; pro., 25 gms.; and fat, 175 gms.—represent a large proportion of fat. Some children will eat 30 gms. of butter with a spoon and will refuse cream, while others will not eat butter because there is no bread to spread it on, but will take cream readily. These cases have to be catered to as the diet is the treatment, and if it is not taken we have failed, and failed in a conspicuous manner, for the diabetic may show up with an insulin reaction and the epileptic with a series of seizures. Typical menu for diabetic:

Lorraine—age 8 yrs. Figures: CHO, 30 gms.; pro., 40 gms.; fat, 115 gms.
Menu for one day:

BREAKFAST
35 gms. orange
20 gms. bacon (crisp)
75 gms. 30% cream
10 gms. oatmeal (dry weight)

DINNER
35 gms. spinach
15 gms. celery
35 gms. strawberries
4 gms. butter
75 gms. lamb chops
75 gms. 30% cream

SUPPER
50 gms. string beans
1D-Zerta
3 gms. butter
1 egg salad
35 gms. roast beef
75 gms. 30% cream
10 gms. toast

The carbohydrate tolerance of children with diabetes is usually not high enough to permit enough food to cover their requirements for growth and activity, so insulin is given. This necessitates an even distribution of food for the three meals and rigid punctuality in time of serving to prevent reactions.

Typical menu for ketogenic diet:

Oliver—age 6 yrs. Figures: CHO, 15 gms.; pro., 25 gms.; fat, 175 gms.

BREAKFAST
20 gms. orange juice
5 gms. butter
1 egg
115 gms. 40% cream

DINNER
50 gms. spinach
5 gms. butter
35 gms. lamb chops
115 gms. 40% cream

SUPPER
50 gms. string beans
5 gms. butter
20 gms. bacon
115 gms. 40% cream

Oliver seemed to be unable to take butter unless it was completely disguised, so most of his fat had to be given in cream. The ketogenic diet is so concentrated that although it contains a sufficient number of calories, it does not always satisfy hunger. Clear meat broths, Cellu bran breakfast foods, and Cellu wafers are added when the child is hungry after having eaten a meal. Diabetic muffins are usually too high in protein to be given to a patient on the ketogenic diet; that is, they use up so much of the protein allowance that very little is left for meat and eggs, and as both meat and eggs have a high percentage of fat and a good capacity for absorbing butter, it is best to use the meat and eggs. However, after the patient has been on the diet for a long time it is necessary to use all your ingenuity for variety, and muffins make a pleasant change.

The celiac, or "banana diet" as it is commonly called in the hospital, is not ordered frequently but is quite interesting. The patient is given only

protein milk in the beginning. Protein paste and cottage cheese are added as the patient improves, and on about the third day a tablespoon of crushed bananas is given. The bananas are increased gradually until sometimes six or eight are taken daily. Other proteins, such as lean meat and fish, are added and the patient is sometimes able to take 5 per cent vegetables but the starch in the banana is the only carbohydrate digested readily.

There is no standard diet for cardiac conditions. A poor appetite usually accompanies a heart condition; and since it is best not to upset them with discipline or tire them out over their food, the diet becomes a question of catering to the appetite of the patients and of trying to tempt them. If allowed to choose for themselves, they select dry cereals, tart fruits, and spicy condiments, all too poor in food value to provide adequate nutrition. In treating anorexia, which is thought to be caused by a deficiency of vitamin B, foods which contain vitamin B are given; and as the same principle applies with the cardiac patient, the same idea is used. Liver is a specific stimulant to appetite, so it is given frequently. Steak and lamb's kidney are also good.

Nutrition is the primary interest of the dietitian, but often the plan of service in the hospital is such that the arrangement of the tray and the presentation of it to the child is the duty of the nurse. This being only one of her many interests she may not have the time or may not take the time to serve the food as appetisingly as is possible. This increases the demand for special trays. It has been demonstrated a number of times that the trays served from the special diet kitchen are well taken, while those served from the floor with the same food have been refused. Even a very small child objects to being put back on a general tray after having had a tray from the special diet kitchen. In order to have the food from the special trays returned to the diet kitchen for checking, an oval tray, a linen tray cloth, and dishes slightly different in decoration are used; and of course a great deal of care is taken to make the food attractive.

It is not possible to spend too much time and care in the planning and preparation of diets for children; but no matter how well this has been done, at least 50 per cent of the success of the diet depends upon the way in which it is presented to the child. The personality of the one who serves the tray may be against her, for children are very quick to form likes and dislikes to people as well as to food, and it is wise to use your best psychology in dealing with them. They naturally eat slowly and will eat more slowly or will swallow their food whole if nagged about hurrying. Taking the tray away unfinished a few times will be more effective. One bright child with a good appetite in a ward is the best influence to be had. He sets the pace and the rest try to keep up, taking pride in eating everything and in being the first to get dessert. Distractions should be avoided. Mealtime should be mealtime; and treatments, lessons, visitors, etc., should not interfere. Children cannot eat well and listen to a story, although a great many people seem to think this a good way to induce them to eat.

Because so much depends upon nutrition in childhood, the entire force of a children's hospital, from student nurse to chief of staff, should be impressed with the fact that the well nourished child has greater resistance to disease, a better chance of recovery from disease, a more even temperament, a higher rate of mentality, and

that it develops into a better type of youth than the poorly nourished child. Once convinced, all will work together to correct the faulty nutrition of the children who have not been properly fed prior to their admission to the hospital, to see that these children are well nourished while in the hospital, and to send them home with the essentials of nutrition well instilled.

Staff Education for Nurses in United States Veterans' Bureau Hospitals

MARY A. HICKEY, R.N.

THE following course of staff education is being given in all hospitals of the Veterans' Bureau, beginning November 1 and continuing to May 1. This course is so constituted as to initiate nurses who have had no education or experience in psychiatric nursing into the methods to be followed. It also has the accompanying purpose of keeping the nurses aware of all the new developments in psychiatric nursing, teaching them to recognise and apply basic principles, helping them to do their job in the best way known and with equal understanding for its development.

It is further hoped that the staff-education program will help improve the quality of service the nurses render to the patients and that it will be helpful to themselves—particularly in their attitude towards things while on duty and in the joy they get out of the day's work.

Neuropsychiatry

1. The anatomy of the nervous system; with a sufficient consideration of finer as well as gross anatomy.
2. The physiology of mentation; cortex, neurons, basal ganglia, peripheral nerves.
3. The American Psychiatric Association's classification of the psychoses, to be followed by a discussion of the more important disorders, such as Kraepelin's concept of dementia præcox and of manic-depressive psychosis; general paralysis, cerebral and tabetic types; the psychoses of arteriosclerosis; alcoholic and drug psychoses, etc.
4. The epilepsies, multiple sclerosis, epidemic (lethargic) encephalitis, and other neurological disorders most commonly treated in the Bureau's hospitals.
5. The psychoneuroses (classification of the American Psychiatric Association), with a sufficiently clear discussion of the Freudian theory of their etiology, and an explanation of the difference between organic and functional diseases of the nervous system.
6. Mental deficiency; classification; etiology; hereditary; acquired types; regression; deterioration.
7. A short discussion of psychometry, and the more approved psychometric tests; their application in psychoses.
8. Constitutional psychopathic inferiority.
9. The meaning of recovery from a psychosis; social adaptability, with a consideration of the value of social service, mental hygiene, etc.
10. Psychoses; abnormal behavior in its legal aspects.
11. Basic essentials in the nursing care of mental patients:
    a. Presentation and discussion of special cases.
    b. Observation of mental and physical symptoms.
    c. Symptomatology in mental patients; a full discussion of what physicians wish to have recorded in nurses' notes concerning neuropsychiatric patients.

Tuberculosis

The tubercle bacillus (with demonstrations). Sources of infection with tuberculosis; pulmonary and other forms.

Routine procedure in caring for tuberculous patients.
Pulmonary tuberculosis; its signs and symptoms, and clinical courses (using a series of x-ray films).
Psychology of the tuberculous patient.
Emergency care of pulmonary hemorrhages.
Demonstrations—artificial pneumothorax, etc.

To stimulate the interest of the nurses, a monthly round table should be held. The following are topics for discussion:

1. Reports of new or interesting developments in tuberculosis work, or a digest of some recent publication in the *American Review of Tuberculosis*, or in the *American Journal of Nursing*.
2. Review of some book on psychiatry, tuberculosis, or general health.
3. Discussion by the nurses of their ward problems.
4. Discussion of current literature on psychiatry and tuberculosis.

NOTE.—Reference reading for the nurses should be outlined by the lecturer. The Medical Library contains many books and journals on medicine and nursing subjects. The nurses should be urged to make full use of this opportunity to enlarge their fund of information on psychiatry, tuberculosis, and general nursing.

The Use of the Furlough for Missionary Nurses[1]

ISABEL M. STEWART, R.N.

ALTHOUGH I have had no missionary experience myself, I have had fairly intimate contacts with missionary nurses for many years, through my work in the Department of Nursing Education at Teachers College, where we have had many nurses from foreign countries including a score or two from mission fields in China, India, Persia, Japan, the Philippines and other countries. I have talked with many of these nurses and have recently written to a number of those who are on furlough in this country, and to a few nursing schools where missionary nurses are admitted for special work. This material which I have gathered together from the missionary nurses I could reach, within the last two or three weeks, is by no means comprehensive or exhaustive. It simply opens up the subject for further exploration and discussion.

The questions I have put to these nurses are as follows:

1. What are the most outstanding needs of foreign missionary nurses who return to this country on furlough?
2. What kinds of opportunities are most needed for this group of workers?
3. What difficulties, if any, do missionary nurses find in securing and making use of these opportunities?
4. What concrete practical suggestions can you make to mission boards or to educational institutions, which would help to improve the present facilities for missionary nurses?

It is probably unnecessary here to discuss those needs which nurses share in common with other workers in the foreign field, first of all the need for normalising human contacts and for cultural opportunities.

In discussing the professional needs of missionary nurses, it is obvious that we shall have to consider several types of workers. Some are much more experienced than others, hold more responsible positions, have a much better educational and professional background to begin with, and are much more closely in touch with modern nursing methods.

All of them say that they feel rusty and need "brushing up" in the latest

[1] Read at the Interdenominational Conference on Medical Missions, held in New York City, April 2, 1928. (Abridged.)

ideas and methods, but some have large gaps in their fundamental background which would need to be filled in with good solid educational filling, instead of simply trying to remove the superficial rust. In the majority of cases the foundation has been fairly well built, but it is entirely too narrow and too specialised for the kind of structure they have been trying to build on it.

One suggestion which has come from several of those questioned, is that the academic and professional standards of nurses sent to foreign mission work should be certainly as high and, if possible, higher than the standards accepted in this country for responsible teaching and administrative positions in hospitals and public health nursing. Since the demands on these workers are so heavy and their potential influence so great, it is felt by many of the nurses themselves that the standard should be equivalent to that of college graduation, with a diploma from a fully recognised school of nursing, and at least one year of specialisation beyond that. A sound education is needed, not only because of the demands of the work itself, but because of the needs of the worker who, in isolated districts, is thrown back almost completely on her own resources and who, in her association with workers in other fields, feels the lack of the common cultural background of college education which most of them have enjoyed.

No one would venture to suggest that personal qualifications such as health, character, social spirit, and personality, should be subordinated to educational and professional standards, but nursing requires knowledge and technical skill, as well as goodness and devotion, and the nurse in responsible positions everywhere needs leadership and vision and resourcefulness, which depend on superior intelligence and education as well as on enthusiasm and self-sacrificing spirit.

Some of the nurses mention also more training on religious lines, in the study of the Bible, comparative religions, etc., and one mentions the "study of the oriental mind," which probably means a good course in psychology with special emphasis on racial adjustments.

One successful nurse of long experience in the foreign field outlines what she thinks are the most essential things for a missionary nurse on home leave:

1. To learn the technical advances which have been made since the last furlough.
2. To learn new methods in her specialty, administration, education, public health, etc.
3. To get acquainted with workers in similar branches at home for consultation.
4. To re-orient her field, in view of new discoveries and new thought.

This seems to cover fairly adequately the first question.

The next question is about the opportunities which would be needed to give the nurse on furlough the kind of preparation she requires. The subjects and fields most frequently mentioned are as follows:

1. Hospital administration with emphasis on buying, business methods, hospital architecture, etc.
2. Nursing school administration and teaching.
3. General nursing methods.
4. Obstetrical nursing or midwifery training.
5. Pediatric nursing.
6. Anesthesia.
7. Laboratory technic.
8. Dispensing of drugs.
9. Public health.
10. Social studies.

There are several ways of acquiring information and training in these subjects:

1. Through formal study in a school or college where the subject is taught mainly through lectures, discussions, etc.

2. Through observations at various hospitals and health centres.

3. Through practical courses where students are given experience in the hospital or public health organization including instruction with patients.

4. Through paid work in an up-to-date institution or organization where the student can pick up new ideas and educate herself as she goes along.

5. Through conventions, meetings, etc., and through individual conferences.

Since it would not be possible to include all of these types of experience in one furlough, the choice will depend on the subjects to be studied, the general background of the student, her financial and physical condition, and the time she has free for study. With one exception these opportunities are all available somewhere in America. The difficulty is to find them readily and to build them into an educational program adapted to the needs of the individual student who expects to do her work abroad. There are several American colleges and universities now offering courses in public health nursing to graduate nurses, and a few where courses in administration, supervision and teaching in nursing schools can be secured, either in the regular college term or the summer session or both. A list of such courses may always be obtained from the headquarters of the National League of Nursing Education, and the National Organization for Public Health Nursing, 370 Seventh Avenue, New York City.

In addition there are many post-graduate courses carried on by general and special hospitals, where such students may receive good practical instruction in obstetric and pediatric nursing, communicable-disease nursing, etc., in periods of from three to six months' duration. The student pays nothing as a rule for such courses, or rather she gives her services in return for her instruction and often receives a small allowance in addition. A list of such courses may be found in the advertising section of the *American Journal of Nursing* and the *Public Health Nurse*, and further information could always be obtained by writing to the secretaries of state boards whose names are in the Official Directory at the back of the *Journal*, or to the National League of Nursing Education, 370 Seventh Avenue, New York City.

It is rather a strange thing that we have no real system in this country for training nurses as midwives. Where such nurses are needed, as they are in the Kentucky Mountains, they have to be imported from Great Britain, or American nurses have to be sent over there for training. Missionary nurses have often regretted this lack in our educational system and have hoped that we might develop a few good schools where nurses going to foreign fields might receive training as midwives. This whole subject is under discussion at the present time by a committee of nurses and physicians, and we are all hoping that a way may be found for supplying such training on a good sound basis in this country.[1]

Courses in anesthesia and laboratory technic have been organized in a few hospitals, and it is probable that practical courses in dispensing may also be available in hospital pharmacies, though I have no definite information about this.

Opportunities for just the right kind of positions in up-to-date hospitals may not be so readily available, but I have letters from several large hospitals such as the Philadelphia General, the Western Reserve in Cleveland, Ohio, and the University of

[1] Since this was written some beginnings have been made to provide midwifery training for a few nurse missionaries, and plans are under way for establishing a school in New York on a permanent basis.

Michigan in Ann Arbor, stating that several missionary nurses have been taken on the staff and rotated from department to department in order that they might brush up in special phases of clinical work. Some have been given opportunity to observe teaching and administrative methods and to assist in the classroom or office, receiving their maintenance during this time from the hospital. It is assumed, of course, that the nurse will have a satisfactory background for this kind of work and that she will stay long enough to make the experience worth while to herself and not entirely unproductive to the hospital.

To consider next the difficulties which nurses find in securing and making use of opportunities, the replies may be summarized as follows:

1. *Health difficulties.* The nurse may be so handicapped physically that she has not the energy to spend on study and particularly on practical experience in hospitals where she is likely to be on the same full-time duty as other workers.

2. *Financial difficulties.* This applies especially to the courses in colleges and universities, where the fees are fairly high and the student has to cover living costs as well. Full scholarships are rarely available. Travel is also expensive, so that visits, attendance at conventions, etc., often have to be curtailed on this account.

3. *Difficulties of adjustment.* The time of the nurse is often seriously broken by "deputation work" and other duties so that it is hard to get even three or four months' straight time for such study, and exceedingly difficult to get a complete academic year. Where the work is "chopped up" in this way, the results are apt to be unsatisfactory all round. At some colleges special concessions are made for nurses on furlough, allowing them to come for one term only if they cannot come for the full year. It is not felt, however, that they get as much out of their work proportionally as do other students who are able to stay at least one academic year. The adjustment for ordinary students takes about one term, and nurses who have been out of the country for some years find it even more difficult to get oriented, and to settle down to academic life.

4. *Lack of adequate information.* This seems to be one of the main difficulties. Nurses tell us that they are out of touch with facilities at home and do not always know where to go for information. They often fumble about, wasting precious time, and sometimes make serious mistakes in getting located. Sources of information have been suggested above.

In reply to the question of ways and means by which mission boards and educational institutions might combine their efforts to help this group of workers, the following suggestions were received:

1. Reduction in demands for speaking tours, etc., in the case of those who are eager to study, leaving most of the deputation work to those who do not plan to take courses during furlough.

2. Provision of scholarship or study funds to supplement salaries when necessary.

In regard to scholarships, I have very little specific information to offer. The Cleveland Branch of the St. Barnabas Guild offers one scholarship of $500 yearly to a missionary nurse attending Western Reserve University School of Nursing. All scholarships offered in the Nursing Education Department in Teachers College are open on equal terms to missionary nurses, and in several cases special opportunities have been provided for such students. This is undoubtedly true also of other university centers. Hospitals have been most generous in providing opportunities for experience with and without pay, and would probably do more if the needs could be presented to them through such a body as the Associated Mission Boards.

Information about the Isabel Hampton Robb Memorial Fund and the Melanie Loan Fund may be obtained from their secretary, at Room 1610, 370 Seventh Avenue, New York.

3. Collection of all available information about practical and theoretical courses, also institutions or organizations willing to provide temporary positions for nurses on furlough, and a wide circulation of such material among nurses in different countries.

4. If possible, the appointment of a special nurse adviser whose salary might be shared by three or four mission boards. She would keep in close touch with the nurse missionaries and also with the opportunities in the professional field at home, and would fit them together so that educational programs might be better

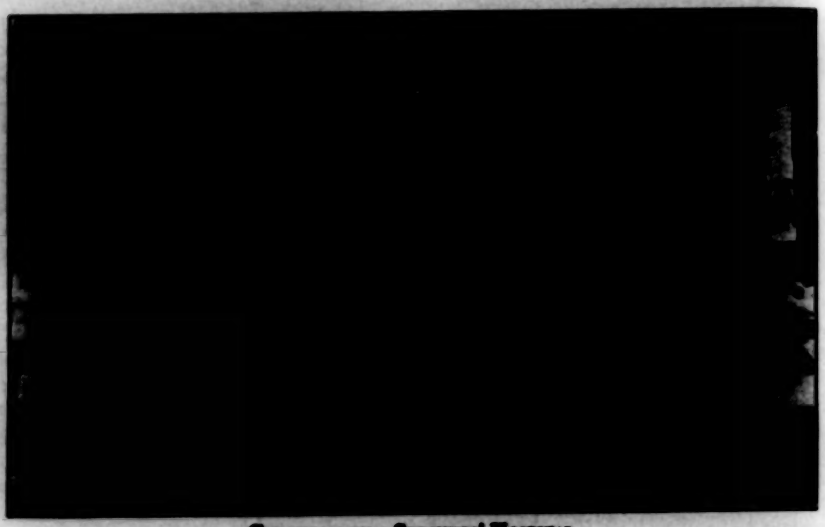
planned. If this plan were suggested by nurses to their Boards, something would probably be done about it.

So far as educational institutions are concerned, there should be no serious difficulty in procuring most of the things which these workers seem to need, either through university courses or through hospitals which admit graduate nursing students. Educational institutions must be willing to make some concessions for such students, who cannot always fit into their regular scheme of work, but they should not be expected to waive all academic and professional requirements. The great majority of those who have studied with us at Teachers College measure up well to the standards of the regular student group. It is a pleasure to see them blossom out under the stimulus of college life and the companionship of other nurses who represent all types of work, all sections of this country, and several foreign countries.

Probably the greatest value in this experience comes, not from the direct classroom instruction, but from the sense of comradeship in a common cause and the feeling of getting back again into the main currents of an advancing movement. It is this invigorating concept of progress, this inspiring vision of a worldwide sisterhood, which gives the isolated and often discouraged individual worker strength to go back to the foreign field again and tackle her difficult professional problems. The contacts she has made mean much to her when she is back at work. We are constantly hearing from our students in the foreign field and exchanging ideas about nursing work which are of much value to us as well as to them.

One further suggestion is that the machinery of existing nursing organization in this and other countries should be utilized as fully as possible in organizing educational opportunities for missionary nurses. Much has been done by these organizations already, but a special appeal to the Joint Boards of the American Nurses' Association, the National League of Nursing Education and the National Organization for Public Health Nursing, would help to focus attention more definitely on the problem. A committee might be established in connection with the International Council of Nurses to coöperate with missionary organizations in working out the problem on a broader basis. Our International Nursing Headquarters at 14 Quai des Eaux-Vives, Geneva, Switzerland, already serves as a clearing house for many inquiries of this kind, but its facilities are much overburdened at the present time.

Everybody is talking these days in terms of adult education. The furlough is a recognition of the need for continued learning as well as change and rest for workers in mission fields. In this respect the mission boards are well in advance of many educational institutions which have too frequently assumed that education is finished when students have graduated from high school or college. Dr. Thorndike now assures us that there is no reason why we may not go on learning anything we want to learn, up to almost any age, the falling off in learning ability being so slight and so gradual, as to present only a small handicap to the older student. With newer methods of teaching adapted to adult learners, and with smaller units arranged to suit the needs of part-time and short-term students, we should all have much less difficulty in keeping abreast with our rapidly changing times and in continuing our growth in spite of advancing years.



CHRISTMAS IN A SUFFRAGISTS' HOSPITAL

The Spirit of Service

ELIZABETH M. McINTYRE, R.N.

ONE day, during the summer, a girl two years of age was brought to our Out-Patient Department with an unusually severe case of Gonorrheal Ophthalmia. Both eyes were involved. She was admitted to the hospital but the physician gave us very little hope that her eyesight could be saved. It was during vacation time; we were short of nurses and the hospital was full of patients. We all realised how much care this one child was going to require for in these cases the nursing care is everything, and it must be constant and conscientious.

Realising that with the number of nurses on duty, we were unable to give the proper nursing care to the sick child, we called the Official Registry and asked for the names of nurses available for duty. Then we called the nurses and asked them if they were willing to donate two days or two nights, each, in an effort to save the small girl's eyesight. Immediately we had three volunteers. As soon as it was known that such service was needed, more nurses volunteered. Those who were busy and could not come, paid the salaries of those who were available. Altogether the nurses gave ten days and ten nights of free service. After that time, the child was well enough to be cared for by the hospital nurses.

This splendid volunteer nursing service was not given in vain. The condition improved and we were more than happy when the child was dismissed from the hospital with her eyesight unimpaired.

The New Conception of Tuberculosis Infection

Part II—The Significance of Juvenile Tuberculosis

ROBERT B. KERR, M.D.

DOCTORS CHADWICK AND RATHBUN and other tuberculosis authorities who have made a special study of this subject, state that recognizable hilus or tracheobronchial tuberculosis in children has grave significance and may be an indication of manifest disease and a forerunner of pulmonary tuberculosis. This statement is substantiated by the findings in thousands of children examined in the grade and high schools, and subsequently treated when the disease was indicated.

A certain percentage of recognizable tracheobronchial tuberculosis is in the mildly active or latent stage. If such cases do not receive treatment, many will later develop lung tuberculosis of the adult type. This is particularly true during the period of adolescence. Some observers state that this lung tuberculosis does not develop from an extension of the process in the hilum glands, but probably from a reinfection from without, repeated doses of tubercle bacilli overcoming the partial immunity conferred by the previous infection. Others feel that the adult type of the disease is almost always due to the breaking down of the process in the glands at the hilum, and the consequent development of actual tuberculous disease in the lungs. The evidence of recent years more and more substantiates the latter conclusion.

For years the great objective in the tuberculosis crusade has been the recognition and prompt treatment of the disease at the earliest possible moment. We now have convincing evidence from the research work of the above named authorities and other investigators to show that much, if not all, tuberculosis infection and disease begins in childhood, and that the *first tuberculosis lesion which can be determined clinically, and by physical examination and x-ray, is tuberculosis of the glands at the hilus.* (This is, of course, excepting the infantile type, which is a generalized infection and usually acute and fatal, and the bone and joint lesions.)

Childhood, therefore, is the most important age period in the history of tuberculous disease. It is the true incipient stage; and most important of all, it is the time when a speedy and permanent cure is possible. The cost of the cure is infinitesimal, in comparison with the cost of the protracted and expensive treatment for the patient, either child or adult, with active lung tuberculosis.

Treatment of Childhood Tuberculosis

FORTUNATELY, tracheobronchial tuberculosis is not only curable, but also non-contagious, since the tuberculosis germs are still retained within the gland capsules.

It is not necessary to remove the child with juvenile tuberculosis from the schools unless it is indicated, as in some cases, for purposes of treatment. The whole program of cure may be carried out successfully without removing the child from school; by the inauguration of a comprehensive plan of additional rest periods, sufficient sleep in fresh air, increased nutrition, particularly a quart of milk a day, and the prescribing of cod liver oil. It is necessary, of course, that the mother should be coöperative for full success.

In some cases, particularly in those with definite inflammatory changes in the tracheobronchial glands, accompanied by symptoms, it may be advisable to remove the child from school and even require rest treatment in bed for a time until a good start has been made towards recovery. More severe cases of juvenile tuberculosis may require treatment in a preventorium.

Children with the adult type of tuberculosis (pulmonary) should be removed from school as soon as discovered, as they are probable sources of infection to the other children. Fortunately, not many pulmonary cases are found in children. (As has been said before, few such cases develop prior to fourteen years of age.)

Children with the adult type of tuberculosis should be admitted to a sanatorium as quickly as possible, for only radical and energetic treatment can save them.

Prevention of Childhood Infection

IT is apparent that tuberculosis is to be especially guarded against during the first two to four years of life, for a child infected at this age succumbs easily and the disease usually runs a rapid and fatal course. Careful investigation of children born to tuberculous parents shows that the majority of them become infected before the fourth year, and that about one-half of those born during the last year of the mother's life die. From this we can plainly see that children up to the fourth year of life must be protected at all costs from exposure to infection. Obviously the best way to do this would be the immediate separation of the infant from a household in which either parent, or any other person, is ill with an *open* tuberculosis, or preferably the removal of the patient to a sanatorium. The next best precautionary measure, in case the patient remains at home, would be the isolation of the infant or child, particularly during the first two years of life, in a room or a part of the house, where it could be absolutely protected from contact with the patient. In any case, the tuberculous mother must not nurse her infant and under no circumstances should the child share the bed or room of the tuberculous parent.

Particular attention should be given to the matter of the health of the child's attendant. A tuberculous maid may seriously infect the child. If there is anyone in the household who has a chronic cough, he or she should not be allowed around where the young child is, at least until by skilled examination the possibility of his being infected with tuberculosis has been excluded. Many persons who are supposed to have bronchitis, or asthma, are found to have tuberculosis, and it is through their careless coughing and spitting that the child becomes infected.

Even in apparently healthy families a child should never be kissed upon the lips, and all articles for feeding the infant should be carefully boiled before being made use of; needless to say, the common but pernicious habit of putting spoons or other articles from one's mouth into a child's mouth should be absolutely taboo. Be careful to see that the feeding bottle, rattle, or anything else that is put into the child's mouth, is absolutely clean and has not been exposed to flies. Never wipe a child's mouth with a soiled handkerchief or cloth. A piece of clean gauze should be kept on hand for this purpose.

Particular attention should be given to the milk supply for the child. The milk should be from tuberculin-tested cattle or pasteurized.

From the fourth to the fourteenth year it is exceedingly difficult to safeguard the child against the communicable diseases. During this period the child is coming more into contact with strangers; he is running and playing about, and later when the child goes to school, there are countless ways in which he is exposed to infection.

Particular attention must be given to the general health of the growing child so that he can throw off infections. The importance of proper nutrition cannot be over-emphasized. *Every effort should be made to bring and keep all children up to normal nutrition.* If this is done the resistance to tuberculosis and other infectious diseases is greatly increased. The acute infectious diseases, particularly measles and whooping cough, should be especially avoided.

Strict attention should be paid to the hygienic condition of schoolrooms, frequent rest periods should be given, and the deep breathing of pure air practiced regularly at these periods, with physical exercises. For the child who is inclined to be over-studious, out-of-door life and play should be encouraged and study hours cut down, especially at the high school age. It is probable that in some instances the custom of giving children home studies in addition to the school program, is harmful and should be discouraged.

It is in early childhood, also, both in the home and school that the best opportunity presents itself for the inculcation of good health habits. Persistent training must be given in covering every cough and sneeze, avoiding careless spitting, and in forming the regular habits that make for bodily and mental health.

The school nurse and the medical inspection of children are of great service in the promotion of good health and the prevention of tuberculosis.

THE GOLDEN OPPORTUNITY FOR PREVENTION OF TUBERCULOSIS
Examining the Underweights and Contacts

Particularly is this true, if the examinations are conscientious and the follow-up work for correction of physical defects is effective.

In adult life, exposure to tuberculous infection, unless in frequent and large doses, is practically harmless for most persons, and measures necessary for protecting infants and children are to a large extent needless for adults.

It should be understood and frequently emphasized that, when tuberculosis develops in the adult, it is not, as a rule, caused by infection from others, but it is due to an outbreak of an old childhood infection. This outbreak is permitted by a lowered resistance and consequent failure of the powers of immunity, and it follows that the great preventive of tuberculosis disease in the adult is not so much the avoidance of infection as the keeping of the general health in good condition.

The maintenance of a high standard of health in adult life consists in providing hygienic living conditions in the home, good food, abstention from dissipations of all kinds, and the avoidance of overwork and those enemies—the common cold and other forms of respiratory disease.

WAITING FOR THEIR FILMS—THE DOCTOR

A School Examination Clinic. "Underweights and Contacts." County Tuberculosis Nurse Taking Histories, School Nurse Weighing and Measuring.

The Program for the Recognition and Treatment of Childhood Tuberculosis

WHAT is the indicated modification of our program against tuberculosis in view of our more recently acquired knowledge regarding tuberculosis infection and disease in childhood?

Obviously, the organization in every state in the Union of a comprehensive campaign for the early discovery of all children infected with tuberculosis—the particular objective being the discovery and prompt treatment of children showing signs of failure of immunity and early indications of active disease; and hand in hand with this campaign a nation-wide program for the cure of malnutrition in children.

That this is an enormous task is apparent; yet the benefits to be gained are so far-reaching, so full of promise, not only for the better health of the children themselves, but for significant reductions in the numbers of adult lung tuberculosis victims later on, that the magnitude of the task should not deter us from its prompt execution.

How can the plan be best put into effect? Obviously through a nation-wide comprehensive program of school examination clinics for childhood tuberculosis, with all of the personnel and equipment needed to make the work successful.

Through such clinics it would be possible to locate the approximately 25 to 33 per cent of children who are infected. By calling the attention of the parents to the presence of infection and the consequent necessity for good nutrition and health habits, many who in later years, would develop active tuberculosis would escape its ravages.

But most important of all, through such clinics we can search out the children showing early indications of tuberculosis activity (juvenile tuberculosis) and place them under prompt

A Tuberculin Skin Test Clinic

treatment. It is apparent, of course, that the proper care of these cases would necessitate the rapid development of children's sanatoria and preventoria and health camps throughout the land. This development of the crusade against tuberculosis is now gaining impetus, and undoubtedly will grow rapidly as the benefits to be gained are more evident. It is apparent, also, that so tremendous a program requires for its successful conclusion the enlistment of the medical and nursing professions, the school authorities and teachers, the parents and governing bodies throughout the country.

If along with the program for the discovery of the early active tuberculosis cases in children, a comprehensive plan is developed for the relief of malnutrition and maintenance of good health, it will be found that but a small percentage of these hilus tuberculosis cases will show a tendency to break down. It is, therefore, most important that all of the children found to be infected, as well as underweights not infected, be carefully watched and supervised and treated. That the infection does confer a certain degree of immunity may be true, but the most important thing is to discover and treat those infected who, when carefully examined because of symptoms such as undernutrition, fatigue, irritability, sweats, etc., or in the specialized tuberculosis school examination program may be found to show early signs of failure of immunity, such as enlarged glands at the hilus, in the results of the x-ray and positive tuberculin test.

There must, of course, be no diminution but rather increased efforts in

behalf of the adult tuberculosis patients. That this is necessary has already been indicated in the discussion regarding tuberculosis infection in children. The entire program of early diagnosis of adult tuberculosis, of prompt treatment and rehabilitation, etc., must be enlarged as the needs demand. It is obvious that the great campaign of health education for adults must be continued with full vigor.

Costs of the Childhood Tuberculosis Program

IT may appear that because of the magnitude of the program the costs would be prohibitive. This might be so, were it not for the wonderfully well-organized public health machinery in operation almost everywhere in our country today.

Almost every state has a division of maternity and infant welfare in the State Department of Health. Through its child health conferences and the services of its nursing staff, this organization can give valuable assistance to the program.

It is apparent also from this discussion that school health programs must specialize more and more in the early recognition of tuberculosis. In this way the entire medical and nursing service of the school would be able to participate.

Through the medical staff of the sanatoria, and of the tuberculosis clinics, maintained by health departments or by tuberculosis associations, a large part of the skilled medical service could be obtained.

Through contributions, and the proceeds from the sale of Tuberculosis Christmas Seals, our people can also add another great source of help, by financing additional medical service, nursing service, nutrition service, summer health camps and preventoria. All of these services are made possible, in whole or in part, in many sections of our country through the annual sale of Tuberculosis Christmas Seals.

Objections to Program

THE objection has been made to the childhood tuberculosis program, that it may cause anxiety to the parents. This is by no means a valid objection, for even if it were found to be so, the truth should be told, if the facts warrant it, and the benefits to be gained justify it. There is no real reason why the parents should not be told that a positive skin test indicates tuberculosis infection, and that other evidences, such as the enlargement and thickening of the bronchial glands as shown by the examination and the x-ray, indicate a liability to lung tuberculosis. Of course, with this statement should go the information and advice and assistance needed to overcome the condition, with the assurance that if proper care is taken, the child can be brought up to normal health and relieved from probable lung disease. Surely the opportunity to cut down the annual load of approximately 900,000 cases of open lung tuberculosis each year in this country justifies a program which offers a reasonable expectation of success. This information to the parent does not usually cause alarm. At least, the writer has not found it so. In fact, his experience has been quite the opposite. It has been his observation that any reasonable person appreciates a warning, if along with this warning is given encouragement and constructive advice, and the offer of service for the child, which carries with it a reasonable expectation, not only of the cure of the present failure of resistance or immunity, but of the permanent cure and freedom from the possible tragedies and costs of a protracted case of adult lung tuberculosis.

The writer has pursued this policy in his own field, and his experience has been entirely pleasant and encouraging.

In the past six years he has examined 9,835 children for possible tuberculosis infection and disease. In these examinations the school authorities have given the heartiest coöperation and the parents have almost universally granted their prompt consent to every procedure in the examinations, and have accepted the findings submitted and carried out the advice offered. Approximately 300 children discovered to have incipient hilus tuberculosis (tuberculosis of the tracheobronchial glands) have been placed under treatment and the response has been almost without exception entirely favorable, with cure resulting in most cases. Thirty-seven children with tuberculosis of the adult type (lung) have been placed under treatment in a sanatorium. Thirteen of this number presented tuberculosis germs in their sputum. For the most part the results have been encouraging, considering the poor prognosis in these cases. Eleven of the group have died, and six are failing, but nine have achieved arrest of the disease, and others are improving.

The Golden Opportunity

IT is obvious that childhood is the golden opportunity for the cure and prevention of tuberculosis. If the disease is discovered before rupture from the glands at the hilus, the cure is comparatively prompt and permanent. The cost of the cure is but a fraction of the tremendous costs of treatment and care for a more serious disease later on. The costs of a nation-wide program for the recognition and cure of juvenile tuberculosis would be amply justified by the enormous dividends earned on the investment.

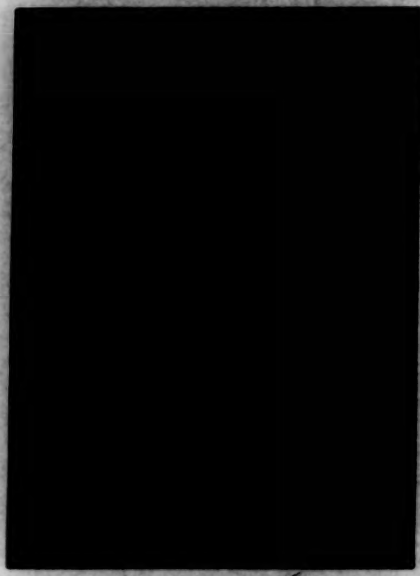
Diet Kitchen Supply Cans

Preliminary Class of the Roseland Community Hospital, Chicago

FORMERLY, at the Roseland Community Hospital, the floor kitchen supplies were kept in Mason jars. Each jar had pasted on it a label, designating the food it contained and to which floor it belonged. When empty, these jars were sent to the main kitchen and, after being filled, were returned on the dumb-waiter. The glass jars were replaced by tin containers purchased for ten cents each and were painted to harmonize with the cupboards in which they belong. The labeling is painted on in black. These tin containers have proved much more satisfactory than the glass jars. They do not chip as does the glass, so they are safer; they are more quickly opened, so they save time; they are more easily washed, so they are labor-savers; they are more attractive and more easily identified, so they add greatly to the general appearance of the kitchen; and, since they are metal, there is no breakage. On the whole they are economical and very satisfactory.

"Preparedness"

MORE and more is "Preparedness" coming to be our watchword. Once again, in the appointment of Mary S. Power, R.N., B.S., as Director of the Official Registry for Nurses of the New York



Mary S. Power, R.N.

Counties Registered Nurses' Association, we have evidence of this fact: that when there are problems to be solved, it is the well prepared person who is in demand.

Miss Power is able to regard the problems of the registry and of the private duty nurse from the viewpoint of a wide and inclusive experience with nurses and nursing. She is a graduate of the Massachusetts General Hospital School of Nursing and has done private duty in more than one city in this country, and that in both homes and hospitals. She was a head nurse at the University of Michigan Hospital for a year. Her administrative experience has included two years as assistant superintendent of nurses at the University of California Hospital, a year as assistant superintendent of nurses at the Lakeside Hospital in Cleveland, Ohio, and later, a year as superintendent of nurses at the Harper Hospital in Detroit. Many teachers and administrators in schools of nursing throughout the country will remember Miss Power as an assistant instructor in the Nursing Education Department at Teachers College during two of her three years of study there.

Like other registries throughout this country, the New York registry is not immune to problems. Registry problems go back to the very roots of nursing and nursing education. Obviously Miss Power will need the support of a strong Registry Committee in studying the present situation. This committee includes Elizabeth C. Burgess, Associate Professor of Nursing Education, Teachers College, Chairman; Janet Geister, Headquarters Director of the American Nurses' Association; Irene Boyd, Treasurer; Marguerite Wales, Director of Henry Street Nursing Service; Marian Rottman, Director of Division of Nursing, New York City Department of Hospitals; Minnie Jordan, Superintendent of Nurses of the New York Hospital; Cassie J. Rogers, Chairman of the Private Duty Section, District 13; Alice Dyer, Mary Feasted, and Minnie B. Kraemer, representing the private duty nurses, and Fredericka Farley, President of District 13, *ex officio*.

It is most encouraging that the nurses of District 13 have appreciated their problems and, appreciating them, have realized the need for preparation and experience in those who undertake to solve them.

Do You Know What Your Nursing Service Costs?

CAROLYN E. DAVIS, R.N.

WHAT does it cost your hospital for the nursing service for a private floor of twenty patients?

A few years ago, the average hospital superintendent, when asked the cost of his nursing service, would have replied: "Oh, I don't know exactly, but it's not very much, as our student nurses do most of the nursing." During the last decade there has been a gradual awakening to the fact that nursing service does cost the hospital considerable money. Many superintendents have become interested in this, but, because of the fact that so few hospitals have separate budgets for their schools of nursing, it has been extremely difficult to obtain accurate figures for comparison. Then too there has been no precedent set as to what to include in those budgets.

It has been said that "necessity is the mother of invention," and because of necessity, financially, and the fact that the nurses' home could not accommodate enough student nurses to supply their own vacation relief, or care for the hospital's nursing needs during the four months' preliminary period of the incoming classes, we became interested in this type of service. The problem presented of having to employ graduate nurses for floor relief so much of the time appeared very expensive, but at the end of the year, our *gross expenses* were increased very little, even though the payroll was larger.

We gave much thought to this pleasant surprise and then were anxious to find out how it came to be. Therefore we began segregating the school of nursing expenditures. By the end of another year, we had some idea of what a school of nursing means to a small hospital, the amount of nursing service it had rendered and what it had cost, with the supplemental service given by the graduate general duty nurses, and its cost.

The figures which I shall present are for twenty patients, first as cared for with student nursing service, and then with combined graduate general duty and student service, based upon a six-year period in the Minor Hospital at Seattle. Lacking complete figures in days of illness and breakage for students from Minor Hospital, I have used those from the Everett General Hospital which are probably about average. The Minor Hospital was a general hospital, and admitted all types of cases except mental and contagious. All patients were private cases on this floor and it was an "open staff" hospital so that at times there were almost as many doctors as patients to keep smiling.

Student Service

WHEN using student service there was one day supervisor and three periods of student nursing duty; one-third the services of a night superintendent, and one-third the services of an orderly. This was supplemented by a nurse in the diet kitchen, who served all trays, prepared special diets, and cared for the between-meal nourishments. There were two maids who carried trays, washed and reset them, kept the diet kitchens clean and swept the patients' rooms. A floor man did the rest of the cleaning.

The hour schedule follows:

Day supervisor.....	1	7 a.m.–7 p.m.
First period of student nurses' duty		7 a.m.–7 p.m.
Senior.....	2	

Intermediate.....	3	
Junior.....	2	
Preliminary.....	2	(10 hours weekly)
Second period of student nurses' duty		4 p.m.–12.30 a.m.
Senior.....	1	
Intermediate.....	1	
Third period of student nurses' duty		12.30 a.m.–9 a.m.
Senior.....	1	
Intermediate or Junior.....	1	

The day supervisor had breakfast after 7 a.m., two hours' free time daily, one half-day a week and every second Sunday. On the Sunday she worked, she was allowed whatever free time the service permitted. A vacation, with pay, of one month was given after a year's work. The first group of students had three hours off duty daily, four hours on Sunday and a half-day weekly. The second and third groups worked an unbroken period of eight hours, the supper allotment for the second group and breakfast allotment for the third group making it eight hours. The third group had dinner at twelve midnight before reporting for duty, and the second group followed. The vacation granted the students the first two years of the period were three three-week periods which usually meant two three-week periods, as the majority of the Senior students wanted to work through after the second vacation and deduct the third three weeks at the end of their time.

It appeared that our days' illness toll was mounting and, if the faculty member needed a month's vacation, might it not be possible that a student nurse did, also? With the next incoming class we decided to give two four-week vacation periods, to be taken between the first and second, and the second and third years. At the end of two years the days of illness had been reduced fifty per cent, and the students liked it much better, feeling they had had a real vacation.

We had tried two other types of eight-hour duty: the unbroken periods of eight hours, and the one with the two broken-hour periods, before this schedule, which proved the most satisfactory, was adopted. It gave us the most help during the heaviest hours of duty, both morning and evening. The late night nurses went to breakfast after the morning report. They were responsible for the preoperative cases and the morning temperatures. If there were no surgical cases that day, they cared for one, and sometimes two patients, before nine a.m. The Junior, early night nurse cared for the patients of the student on her afternoon or last hours, the Senior admitted all new patients, gave the medicines and special treatments, and helped with the "evening rounds."

Cost of this service computed on a monthly basis:

Salaries:		
1 Night superintendent, ⅓ time.....	$38.33	
1 Day supervisor.....	100.00	
5 Senior students, allowance $15 each..	75.00	
5 Intermediate students, allowance, $12.50 each.....	62.50	
3 Junior students, allowance, $10 each..	30.00	
2 Preliminary students.	....	
1 Orderly, ⅓ time.....	25.00	$330.83
Maintenance:		
1 Night superintendent, $45 a month, ⅓...	$15.00	
1 Supervisor, $45 a month.....	45.00	
15 Students, $40 a month	600.00	
1 Orderly, $40 a month, ⅓.....	13.33	673.33
	Per Month	
Meals.....	$32	
Room, students.....	10	

Room, graduates...	15		
Laundry.....	8		
Instruction Cost:			
5 Senior, $1.41 each....		$7.05	
5 Intermediate, $1.82 each.....		9.10	
3 Junior, $5.10 each ...		15.30	
2 Preliminary, $7.65 each.....		15.30	46.75
Sickness—hospitalized at $4.76 a day:			
Senior students average 2 days a year.....		$3.96	
Intermediate students average 4 days a year		7.93	
Junior and preliminary students average 8 days.....		15.86	27.75
Breakage and burning:			
15 students at 60 cents each.....			9.00
Graduation expense.....			12.50
			$1,110.16

The instruction cost is pro-rated as follows:

Instructress at $125.00 a month	
Maintenance	45.00 a month
	$170.00

	Total Enrollment	*Percentage Instruction Time*	*Cost*
Senior.....	12	10	$17.00
Intermediate.....	14	15	25.50
Junior.....	10	30	51.00
Preliminary.....	10	45	76.50

The expense of the courses in the sciences, taught at the University of Washington during the preliminary period, is not included, since the students paid this. This makes the nursing cost to the hospital, $1.53 per patient for a 24-hour day, which will supply very satisfactory general-duty nursing.

A few other factors must be considered, with student service, which are not disclosed in this cost analysis, but which materially affect the early average, such as: (1) no allowance has been made for the equipment or maintenance of the teaching suite; (2) the "mortality" in schools of nursing varies from five per cent to twenty per cent, and creates a sizable liability figure in itself; (3) more frequent equipment replacements become necessary, due to both lack of experience and responsibility of these young women. I have not attempted to analyze these, because of the width of variation attainable in them.

Combined Graduate and Student Service

THE day supervisor, night superintendent, and orderly, diet nurse, maids and floor men gave the same service with both types of duty.

The graduate general duty hour schedule:

Day supervisor.....	1	7 a.m.–7 p.m.
Day graduates.....	4	7 a.m.–7 p.m.
Students (1 Senior, 1 diet nurse).....	2	7 a.m.–7 p.m.
Night graduate.....	1	7 p.m.–7 a.m.
Student (Junior)....	1	4 p.m.–12.30 a.m.

The day graduate nurses had two free hours daily, and two half-days weekly. At the discretion of the supervisor these were given as half-days or cumulative, as whole days. The night graduate had one half-night, until 12.30 a.m. weekly, one whole night a month, and extra evening relief until 9.30 p.m. or 10 p.m. every week or two if it could be arranged. The floor usually supplied its own relief for this, but occasionally required help from 4 p.m. to 7 p.m. for this relief. After the Junior student went off duty at 12.30 a.m. this graduate nurse was alone until 7 a.m. The night superintendent's office was very near the floor station, so that she was able to keep fairly close check on the work, and if more help was required, it was temporarily supplied from another floor. Then, too, there were nearly always one or two special nurses on duty here.

Our graduates did not interfere

with the school, as student nurses had their regular Senior duty, while the graduates did the more routine work, and their off-duty hours could be adapted to the best interest of the floor. When engaging the graduate nurses, the fact that we had a school of nursing whose interest must always come first, was explained, and we found them very coöperative in both their attitude and their work. Perhaps we were fortunate in our selection of graduates for general duty, as we had very few changes among them, and they seemed happy and contented.

Cost of this service computed on a monthly basis:

Salaries:		
1 Night superintendent, ⅙ time	$33.33	
1 Day supervisor	100.00	
4 Graduates $85 a month	340.00	
1 Graduate (Night) $95 a month	95.00	
2 Student (Senior) $15 a month	30.00	
1 Student (Junior) $10 a month	10.00	
1 Orderly, ½ time	25.00	$618.33
Maintenance:		
1 Night superintendent, ⅙ time	$15.00	
1 Day supervisor	45.00	
5 Graduates	200.00	
3 Students	120.00	
1 Orderly, ½ time	13.33	393.33
Instruction cost:		
2 Senior students (1 diet nurse,) $1.41 each	2.82	
1 Junior student, $5.10 each	5.10	7.92
Sickness—hospitalized at $4.76 per day:		
Graduates (none hospitalized in three years)		
1 Student, ¾ day	3.57	
1 Student, 1/6 day	.72	4.29
Breakage and burning:		
6 Graduates, $.25 each	1.50	
2 Students, 60¢ each	1.20	2.70
		$1,026.57

The combination of graduate and student nursing service gives a cost to the hospital of $1.71 per patient, for a 24-hour day, as against $1.83 with student service. From the viewpoint of patient, doctor, and hospital, the two types of service were about equally satisfactory.

Regardless of the fact that the work was greatly expedited, and practically no supervision was required, with the graduate nurses,[1] the supervisor preferred all student nurses. Their enthusiasm, together with the need of continuously checking their work and teaching them, was a direct stimulus to her and kept the staff doctors a little more alert regarding their technic and their orders.

When more hospitals realize the expense and added responsibility a school of nursing entails, undoubtedly boards of trustees connected with small hospitals will begin to question the justifiability of a school of nursing from a financial standpoint. However, dollars and cents should not be the determining factor. The real solution is found in weighing the place the hospital fills in the community.

If there is not a school of nursing, will it be difficult to maintain a stabilized nursing service? Is the hospital fulfilling its full duty without an educational unit? Is it as progressive, or does the responsibility for the education of student nurses, and the enthusiasm which they constantly display, develop keener interest with

[1] EDITORIAL NOTE.—Many administrators have come to believe that graduate nurses need constructive supervision or leadership. Through supervision they promote "growth in service" and, while helping the nurses to give superior service, help them also to prepare for more advanced work.

trustees, doctors and faculty in keeping abreast of the latest scientific advancements? Will that community be deprived of good nurses outside of the hospital, because it is not attractive to those from larger schools? Will the profession lose many fine young women, who could not, or would not, go to a distant school for education?

Perhaps the wisdom of a Solomon is required for correct guidance.

A Day in Kusatsu

GRACE L. REID, R.N.

TUCKED away in the hills of Japan about ninety miles north of Tokyo is the little village of Kusatsu (pronounced "Koo-sahts"). It may be reached by an abbreviated train which climbs up from Karuizawa, a summer resort, through beautiful mountain scenery at the breakneck speed of twenty-five miles in four hours.

Kusatsu is over 4,500 feet above sea level and consists of two parts: the so called "upper village" which is a famous spa for skin and venereal diseases, and the "lower village" which is a leper colony.

Walking from the little station down the steep, narrow, crooked streets, one feels as though suddenly transported into another world. One of the first things noticed is that the air is filled with fumes of sulphur. Not far away is Mount Shirane and in its crater is a boiling lake which supplies sulphur water for the medicinal baths of Kusatsu. This water comes bubbling out at various places and is piped to baths in hotels or public bath rooms where, at stated times during the day, these unfortunate people go for treatment. No physicians are in direct charge of these patients but there are "captains" in the baths who shout orders and time the bath. Many people go into the bath at the same time, which rather shocks our sanitary and aesthetic senses, and each person is provided with a board with which to stir the water and thus cool it to a point of toleration. It appears to be boiling, but we were told that the usual temperature is between 130 and 140 degrees. Chanting to get up their courage, and at the same time stirring the water, they are finally ordered to jump in. The bath attendant allows them in the water for only three minutes which is quite enough for them judging by the wails which rend the air. Four baths are taken each day and it is believed that this sulphur water has unusual power to effect a cure. In addition to the baths, many patients use cotton which has been sewed into small bags then allowed to lie in the water until thoroughly impregnated with sulphur, as a form of dressing for the skin lesions.

To an outsider, the boundary line between the upper and lower village is not any more marked than the state line between New York and Pennsylvania; but to the inhabitants, the beginning and end of each village is very definite, and individual rights are respected.

The spirit of compassion for unfortunate fellow-men which characterised the life and work of St. Francis of Assisi among the lepers, has also been the inspiration of Miss Cornwall-Legh, an English woman who has devoted many years of her life to the Christianization of the lepers in the

lower village of Kusatsu. Of the 700 inhabitants, 450 are Christians and 200 of these are entirely supported by her mission. Various homes have been established for the lepers according to age, sex, physical and social conditions. One building is a home and school for twenty-seven well children of leper parents. The age at which children seem to be most susceptible to the disease is between two and five years; therefore, where possible, well children at this age are taken away from leper parents.

There has been no hospital and no doctor nor nurse to help with this work although a doctor will come to them this autumn. A hospital of ten beds for advanced cases is in course of construction and will include a dispensary. Two nurses are now in training who expect to devote their time to the work in the hospital and perhaps they will have some time to spend on welfare work outside the hospital.

Some years ago a Japanese doctor worked among the lepers and instituted the chaulmoogra oil treatment for them. Some of the more intelligent patients have been taught how to prepare the oil and administer it. Daily injections of oil are given to all lepers. We were told that a decided improvement is seen in the nodular type of leprosy and the eruption is retarded, but the anesthesia type is not improved. We asked how long the daily injections were given, and received the pessimistic answer: "Until they die!"

A form of skin sterilization called "okyu" is tried in some cases. Minute burning pledgets of cotton or "moxa" are applied to the skin according to a rather definite scheme, so that when the treatment is finished the skin is covered at regular intervals with rows of tiny burns. Arms, legs, face, in fact any part of the body may be so treated. It is tried only at a certain stage of the disease and has an arresting effect which is said to last ten or fifteen years. We saw one woman patient who had had this treatment twelve years ago and excepting slightly inflamed eyes, her condition was promising. Another similar case was that of a young man who had okyu treatment five years ago. His general appearance was very good and he leads a fairly active normal life although he has an area of anesthesia in one foot. We saw one leper who had okyu recently. Her skin was flaming with small red burned areas over her arms and face. One would naturally suppose that the pain from these numerous burns would be excruciating, but the sensation in many of these patients is greatly lessened or entirely absent. One patient was shown to us who had no sensation anywhere in his body. Several phalanges were missing but it had been a gradual painless sloughing. Strangely enough the special senses had not been affected except the sense of taste and in this instance it must have been a distinct advantage because the interpreter told us that the plainest fare tasted delicious to this man. In the hot baths he had to be watched very closely, as his skin might have been easily burned because the extremely hot water did not feel at all hot to him.

The visit to Kusatsu was planned with some doubt and misgiving, for a leper village does not sound particularly attractive and one feels as though it were necessary to prepare for very disagreeable sights. With few exceptions there were none who appeared horribly disfigured and the majority of them looked so happy and contented that it was not always easy to remember that they were living in exile and facing a death sentence.

Nursing in Cases of Gas Poisoning

KATHARINE M. HORNER, R.N.

CASES of gas poisoning are neither rare nor new. To quote from a recent article in the *Literary Digest*, "A number of cases in ancient literature indicate that carbon monoxide was a frequent cause of death by accident or suicide and often used as a means of torture and punishment." Immediately, however, following such an experience as ours in Cleveland, persons called upon to care for the injured, attempted to evaluate methods of therapy used. Although nursing of these patients mainly included the points of care of an acutely ill pneumonia patient, I believe members of the nursing profession are interested in learning the treatment followed and in acquiring any knowledge of facts which might help them to meet a similar need in the future.

A brief summary of several cases of gas poisoning may serve as a basis for a discussion of treatment.

Case No. I. Mr. A, a man of thirty-six years, upon admission to the hospital seemed in good condition, but several hours later, developed a severe cough, with profuse expectoration; pain in chest; dryness, redness of throat; headache over entire head; extreme cyanosis; dyspnea; temperature—102 F.; pulse, 96; respirations, 30. He became semi-comatose and then unconscious for a period of 24-36 hours. Marked edema of the lungs was apparent and a diagnosis of lobar pneumonia made. The treatment followed: exsanguination transfusion; 20 per cent glucose intravenously; oxygen, continuously under pressure; dehydration of the C.N.S. with hypertonic saline to clear up unconsciousness; usual care of pneumonia. This patient had several recurrences of these symptoms, the relapses becoming of milder intensity. He was eventually discharged, apparently normal. He was advised to return for frequent examinations and x-rays.

Case No. II. Mr. B, a rescuer, thirty-five years of age, admitted with the following symptoms: slight cyanosis; pain in stomach; nausea; headache; cough; T., 100; P., 80; R., 20; B.P., 132/86. Immediate treatment: exsanguination transfusion; sodium thiosulphate intravenously; cardiac and respiratory stimulants. Two days later, the patient had a chill, his temperature rising to 102.6; P., 80; R., 20. The chill was accompanied by a violent headache, profuse perspiration, slight dyspnea, pain in chest, slight epistaxis. This man recovered slowly and was dismissed two weeks later. He returned to his home, but did not feel able to return to his work. Twice, since, he has been readmitted to a Cleveland hospital with a recurrence of the same symptoms.

Case No. III. Mr. C. walked into the hospital, but soon developed the following symptoms: T., 102.6; P., 124; R., 28 (weak and labored); expectoration of large amounts of thick, frothy, yellow mucus; cyanosis; air hunger. T.P.R. mounted to 103.6, 180, 56. Patient was given an exsanguination transfusion; sodium thiosulphate intravenously; oxygen, continuously under pressure; heart and respiratory stimulants; atropine, to dry up secretions. This patient displayed much evidence of edema of the lungs and was irrational much of the time. He hovered between life and death for one month and eventually expired.

Case No. IV. Mr. D., a man of forty years, admitted 5/15/29, was a victim of poison gas. When admitted, patient was very excited, but rational. He complained of severe irritation of the throat, became quite hoarse that evening, had marked difficulty in swallowing; respirations were somewhat rapid, but not labored; very little moisture in chest. During the night and the next day, patient developed marked pulmonary edema; respirations became very rapid; cyanosis increased; considerable fluid brought up. Patient was still very nervous but rational. On 5/16/29 patient became irrational. During all this time, patient was given oxygen under pressure. This cleared up the cyanosis somewhat. The patient remained semi-comatose until the time of his death. On 5/18/29, he developed a partial hemiplegia on the left side and a thrombosis of the left foot. The dorsalis pedis could not be felt. Patient showed signs of uremia during the last few days. He became worse and finally expired 5/22/29. On admission, his temperature was 100 F. On the fourth hospital day, it rose to 103 F. and remained high until exodus.

The autopsy report showed:

1. Acute tracheo-bronchitis.
2. Extensive pulmonary edema—lungs weighed 1,600 (normal 1,175).
3. Widespread endothelial degeneration and necrosis with regional thrombosis and hemorrhage, especially of kidneys, lungs, myocardium, brain, esophagus and duodenum. (These changes were due to increased viscidity of the blood and resultant interference with circulation.)
4. Multiple infarcts of lungs and kidneys.
5. Multiple areas of recent myomalacia.
6. Erosions of duodenum-3 cm. in diameter.
7. Focal superficial necrosis of mitral and tricuspid valves with thrombin overlying.
8. Multiple areas of hemorrhage in walls of coronary arteries and regional tissues.
9. Hemo-hydrothorax, right 1000 c.c.; hydrothorax, left, 600 c.c.
10. Early bronchopneumonia.
11. Cardiac dilatation.

To sum up the common factors in these cases:

ETIOLOGY.—Two poisonous gases, mainly nitrogen dioxide and small amounts of carbon monoxide.

PATHOLOGY.—Tremendous edema of throat and lungs with expectoration of much straw colored mucus, "foaming at mouth and nose." Those dying quickly, drowned in their own body fluids. In the case of those who lingered longer, the lungs suffered most, a pneumonia usually developing. Most cases also showed about 50 per cent unsaturation of hemoglobin.

TREATMENT.—Emergency:

Heart and respiratory stimulants—caffeine, adrenalin, alpha lobelin.

Atropine, to dry up secretions.

Artificial respiration.

Continued: Exsanguination transfusions—the removal of 500 c.c. of patient's blood, to remove toxic substances and unsaturated hemoglobin, followed by injection of 500 c.c. whole blood from a donor; fluids forced by all methods; sodium thiosulphate and glucose intravenously; stimulants continued as necessary; sedatives and laxatives as indicated.

Oxygen therapy is not new, but in these cases the nurse saw a demonstration of its actual value. Almost all are familiar with its use as a supportive measure, usually employed only as a last resort in the treatment of pneumonia. May I refer anyone interested in the details of the subject to the article by Alvan L. Barach, M.D., on "Oxygen Therapy," which appeared in the January, 1927, *American Journal of Nursing*.

The use of oxygen has been disapproved of because of the method of giving. It has been administered by tube and funnel method, through a nasal catheter, by rebreathing apparatus and in leak-tight oxygen chambers. In all these methods, the oxygen content was never under actual control; it was difficult to estimate the amount of gas the patient was receiving. Now we have the portable oxygen tent. This tent is made of rubberised silk with a celluloid front. Air and oxygen are sent to the patient by a motor through an inlet tube and the noxious gases are sucked out through an outlet tube and a soda lime filter, which removes the carbon dioxide. The fresh gases are blown through an ice container which both cools and dries them. The temperature in the tent remains about 78 F. Common oxygen is used and the number of liters per minute, indicated by the patient's needs, flow from a cylinder. The normal atmosphere concentration of oxygen is 20 per cent. In the tent, it is increased to 50 per cent or 1½ times atmosphere concentration. One sample of blood was taken under oil while the patient was under the tent and a second one after the patient had been out of the tent one hour. The second specimen showed 25 per cent less saturation of hemoglobin.

This change in the blood saturation and the change in the patient's clinical picture prove the value of oxygen administered in this way. The tent is removed for the initial

morning care. After that, the nurse feeds the patient, supplies fluids, et cetera, through the window in the side, without interfering with the administration of oxygen. She keeps ice in the cooler, and tests the soda lime by bubbling air from the apparatus into a phenolsulphonephthalein solution. When this solution turns yellow, the soda lime should be changed. A doctor or a technician determines the oxygen concentration. In the case of an acutely ill pneumonia patient, where cyanosis is marked and respirations are rapid, to give morphine sulphate would make matters worse, but with the use of the tent, metabolism is decreased, respirations are lowered and color is improved. Morphine can be given freely, allowing the patient to rest and shortening the period of pneumonia, two to three days.

The average cost of the tent is $12 per twenty-four hours.

NURSING CARE.—The nursing care was that of an acutely ill pneumonia patient. The purpose of the nurse was to help the natural protective agencies of the body in conquering infection. Her chief efforts were devoted to keeping the patient mentally and physically quiet. Care was given to such matters as ventilation, position, relief of dyspnea, intake and output, care of mouth.

There is evidence of a stimulated interest in the general subject of gas poisoning. Numerous articles on the subject may be found in such magazines as the *Literary Digest*, *Journal of the American Medical Association*, *Hygeia* and in newspapers. These prove that much thought is being given, not only to acute cases of poisoning, such as these case résumés illustrate, but to the constant, daily lowering of efficiency by the presence of noxious gases in the air about us.

Better Medical Care for Women Patients

THE following conditions are believed essential in the effort to obtain better medical care for women patients:

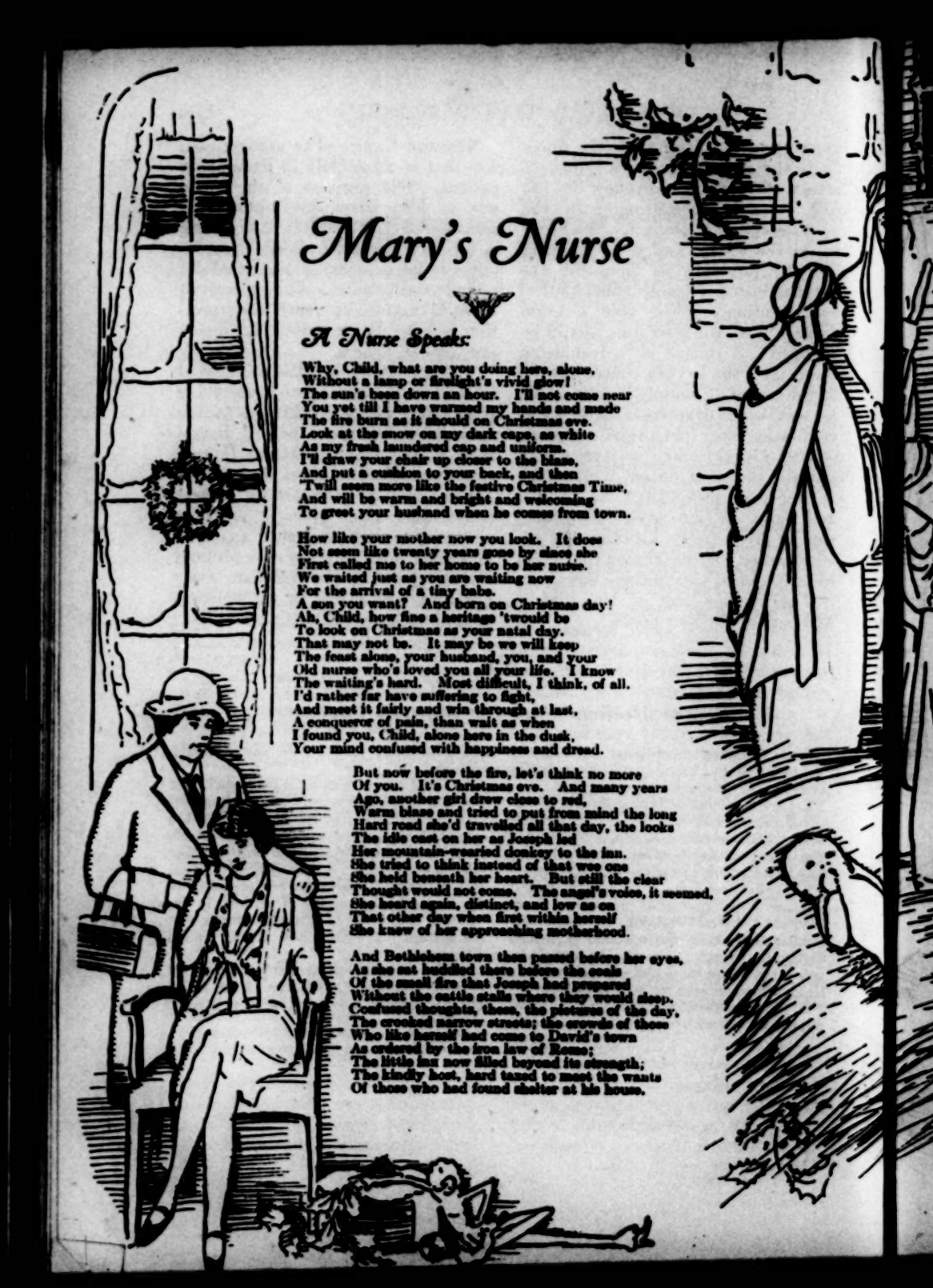
1. Governmental activities should be directed toward a careful survey of the causes of maternal and infant deaths in the United States and an investigation of methods that may be adaptable to various local conditions.

2. Medical students who go into general practice after graduation require a more adequate clinical training in obstetrics. Greater freedom in the selection of courses during the Senior year may be necessary, unless the entire curriculum is planned on a basis of requirements for general practice.

3. More institutions are needed in which physicians who wish to specialize in obstetrics and gynecology may obtain the necessary training.

4. There is a great need for graduate nurses who may qualify as midwives to work in conjunction with the medical profession in the care of a large group of women who are unable to pay for adequate obstetric service under existing conditions. A nurse-midwife service, such as Mary Breckinridge has organized in the Kentucky mountains, if sufficiently developed, might lead to a marked decrease in the maternal mortality rate of the United States.

From "Obstetrics and Gynecology in General Practice," Carl Henry Davis, M.D., in the *Journal of the American Medical Association*.



Mary's Nurse

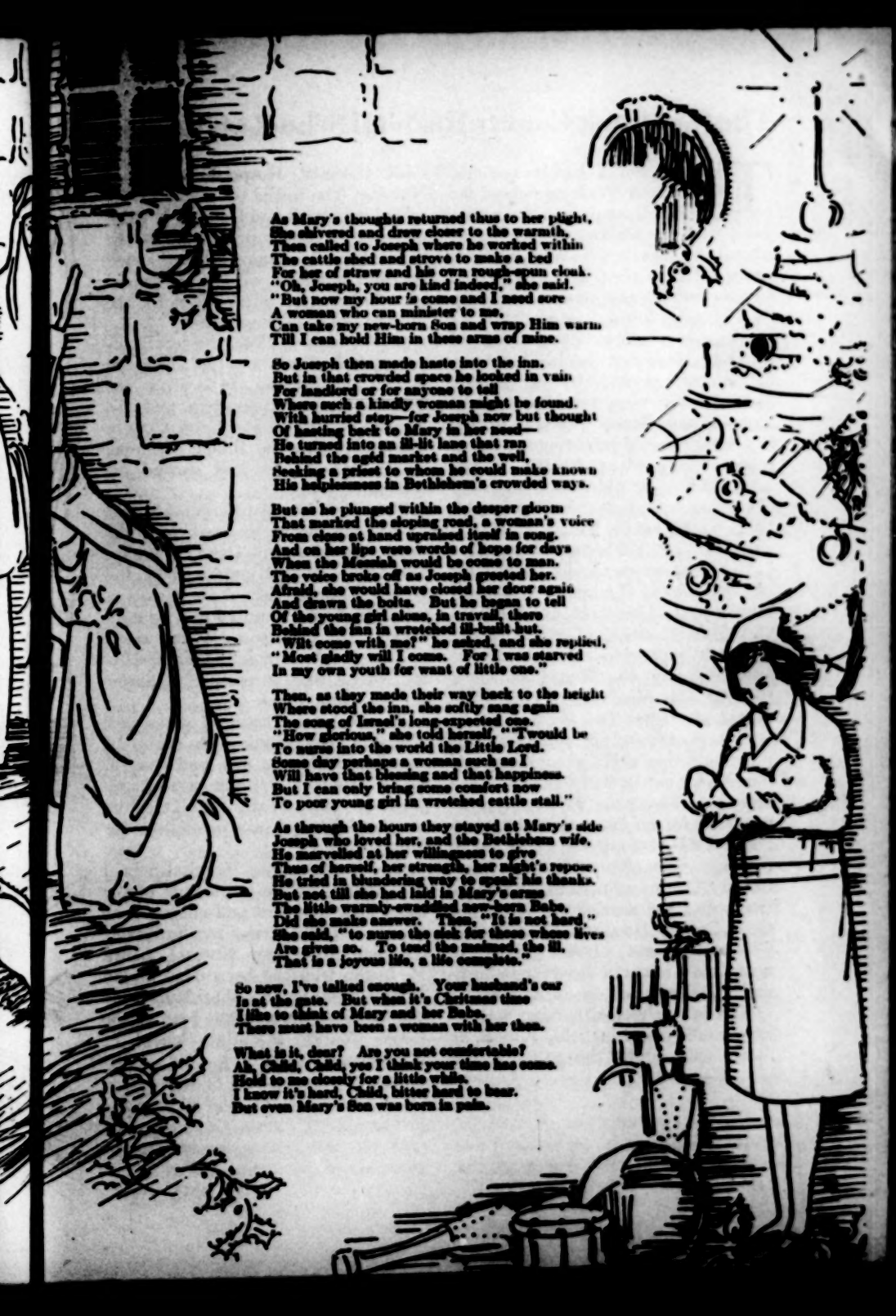
A Nurse Speaks:

Why, Child, what are you doing here, alone,
Without a lamp or firelight's vivid glow!
The sun's been down an hour. I'll not come near
You yet till I have warmed my hands and made
The fire burn as it should on Christmas eve.
Look at the snow on my dark cape, as white
As my fresh laundered cap and uniform.
I'll draw your chair up closer to the blaze,
And put a cushion to your back, and then
'Twill seem more like the festive Christmas Time,
And will be warm and bright and welcoming
To greet your husband when he comes from town.

How like your mother now you look. It does
Not seem like twenty years gone by since she
First called me to her home to be her nurse.
We waited just as you are waiting now
For the arrival of a tiny babe.
A son you want? And born on Christmas day!
Ah, Child, how fine a heritage 'twould be
To look on Christmas as your natal day.
That may not be. It may be we will keep
The feast alone, your husband, you, and your
Old nurse who's loved you all your life. I know
The waiting's hard. Most difficult, I think, of all.
I'd rather far have suffering to fight,
And meet it fairly and win through at last,
A conqueror of pain, than wait as when
I found you, Child, alone here in the dusk,
Your mind confused with happiness and dread.

But now before the fire, let's think no more
Of you. It's Christmas eve. And many years
Ago, another girl drew close to red,
Warm blaze and tried to put from mind the long
Hard road she'd travelled all that day, the looks
The idle east on her as Joseph led
Her mountain-wearied donkey to the inn.
She tried to think instead of that wee one
She held beneath her heart. But still the clear
Thought would not come. The angel's voice, it seemed,
She heard again, distinct, and low as on
That other day when first within herself
She knew of her approaching motherhood.

And Bethlehem town then passed before her eyes,
As she sat huddled there before the coals
Of the small fire that Joseph had prepared
Without the cattle stalls where they would sleep.
Confused thoughts, these, the pictures of the day.
The crooked narrow streets; the crowds of those
Who like herself had come to David's town
As ordered by the iron law of Rome;
The little inn now filled beyond its strength;
The kindly host, hard taxed to meet the wants
Of those who had found shelter at his house.



As Mary's thoughts returned thus to her plight,
She shivered and drew closer to the warmth,
Then called to Joseph where he worked within
The cattle shed and strove to make a bed
For her of straw and his own rough-spun cloak.
"Oh, Joseph, you are kind indeed," she said.
"But now my hour is come and I need sore
A woman who can minister to me,
Can take my new-born Son and wrap Him warm
Till I can hold Him in these arms of mine.

So Joseph then made haste into the inn.
But in that crowded space he looked in vain
For landlord or for anyone to tell
Where such a kindly woman might be found.
With hurried step—for Joseph now but thought
Of hasting back to Mary in her need—
He turned into an ill-lit lane that ran
Behind the aged market and the well,
Seeking a priest to whom he could make known
His helplessness in Bethlehem's crowded ways.

But as he plunged within the deeper gloom
That marked the sloping road, a woman's voice
From close at hand upraised itself in song.
And on her lips were words of hope for days
When the Messiah would be come to man.
The voice broke off as Joseph greeted her.
Afraid, she would have closed her door again
And drawn the bolts. But he began to tell
Of the young girl alone, in travail, there
Behind the inn in wretched ill-built hut.
"Wilt come with me?" he asked, and she replied,
"Most gladly will I come. For I was starved
In my own youth for want of little one."

Then, as they made their way back to the height
Where stood the inn, she softly sang again
The song of Israel's long-expected one.
"How glorious," she told herself, "'Twould be
To nurse into the world the Little Lord.
Some day perhaps a woman such as I
Will have that blessing and that happiness.
But I can only bring some comfort now
To poor young girl in wretched cattle stall."

As through the hours they stayed at Mary's side
Joseph who loved her, and the Bethlehem wife,
He marvelled at her willingness to give
Thus of herself, her strength, her night's repose.
He tried in blundering way to speak his thanks.
But not till she had laid in Mary's arms
The little warmly-swaddled new-born Babe,
Did she make answer. Then, "It is not hard,"
She said, "to nurse the sick for those whose lives
Are given so. To tend the maimed, the ill.
That is a joyous life, a life complete."

So now, I've talked enough. Your husband's car
Is at the gate. But when it's Christmas time
I like to think of Mary and her Babe.
There must have been a woman with her then.

What is it, dear? Are you not comfortable?
Ah, Child, Child, yes I think your time has come.
Hold to me closely for a little while.
I know it's hard, Child, bitter hard to bear.
But even Mary's Son was born in pain.

The New Cook County Hospital School of Nursing

THREE and a half years ago, the Illinois Training School for Nurses entered into an agreement with the University of Chicago whereby its properties and holdings were given to that university, with the understanding that the University of Chicago should found within its borders an independent school of nursing of university rank. This transaction was consummated on October 1, 1929. The plan provided that the name of the Illinois Training School for Nurses should be perpetuated in a scholarship fund of $25,000 in the school of nursing which the University of Chicago will establish. The plans for the new school at the University of Chicago have not yet been announced.

Upon the announcement of the gift of the Illinois Training School for Nurses to the University of Chicago, a Citizens' Committee of prominent lay members, physicians, and nurses was appointed by the Board of Cook County Commissioners. This committee after over two years of study presented, in all, six possible plans regarding the work of nursing and nursing education at the Cook County Hospital. The plan finally adopted provided for an independently incorporated school of nursing which should contract annually with the Cook County Commissioners for the maintenance of the nursing service of the Cook County Hospital. The Citizens' Committee was further asked to nominate a board of directors in keeping with the provisions of its plan.

The new school of nursing was incorporated in Springfield, Illinois, in June, 1929, under the name of The Cook County Hospital School of Nursing. The initial catalogue of the school was published October 1, 1929. The law of Illinois provides that the Cook County Commissioners shall contract annually with a recognized school of nursing in providing for the nursing of its "sick or insane."

On October 1, 1929, the newly incorporated Cook County Hospital School of Nursing took over the school of nursing program and the nursing service of the Cook County Hospital which the Illinois Training School for Nurses had carried for forty-nine years.

The Cook County Hospital School of Nursing begins its work with the same organization—Dean, Faculty, and Staff—as that employed by the Illinois Training School for Nurses at its close. Three hundred and seventy regular, affiliating and graduate nurse students of the Illinois Training School for Nurses were received by transfer into the new school.

The Board of Directors of the new school is comprised of a group of prominent Chicago men and women, seven members of which were members of the Board of Directors of the Illinois Training School for Nurses.

The Cook County Hospital School of Nursing offers a curriculum of the same high standard and character as that which was carried by the Illinois Training School for Nurses. Laura R. Logan who has been dean of the Illinois Training School for Nurses for the last five years, is the dean of the Cook County Hospital School of Nursing.

Life Dividends or What Pays Best in Life

ROBERT W. MOORE, L.H.D.

IN discussing this topic I want to borrow much of my language from the language of business and especially of manufacturing. I am going to try to show that the nursing occupation is very much like a factory, and how the life and work and product of this profession are similar to those of a factory. Men invest large sums of money in factories because they expect good returns in the way of dividends, and the dividends are large or small in proportion to the brains, labor and care put into the business of running the factory. The stockholders of this nursing or hospital factory are the people of the communities who found and support the hospitals. A board of directors is selected and they in turn appoint a superintendent and other officers to look after the details of the business. The capital is used in putting up buildings, just as it is in a factory, and in paying for help or labor, the raw material is human beings, the product is sane, sound and energetic men and women.

You people who read these pages and do much of the hard labor have a perfect right to call for a report, a right to look at your product. What is it worth? That is what I am going to try to tell you.

If I should limit myself to the measuring stick of dollars and cents, I would have a hard time showing you that your dividend amounts to much. However, I want to explain that there are other measuring sticks far more important and far more essential than that. I want to tell you of dividends payable in something more needed than gold and silver. I want to talk about a business that will pay dividends in life and force, in character and power, that will tend to make the world better.

A decade has come and gone since the war, and the world is by no means at peace. There is horrible discord among the four or five hundred millions of China. For weeks the great financial experts of the world have been trying to close up the sad accounts left by the war. Here at home we are still in a fever of extravagant spending and the government and people seem to have forgotten that a settling-up day must come. We have passed through a decade of embarrassing and probing government affairs that have tried our democratic principles. Amid it all, petty politics have been more actively at work than have good sound statesmanship and devotion to duty that might lead to the solution of the greatest questions that have ever come to a government.

This all sounds as though we were approaching a crisis and so we are—one of the most momentous crises in our history—and how are we going to meet it? Russia has been trying to meet just such a situation with Sovietism and is failing most miserably. Germany is floundering about in a wild experiment of socialism, and we are even teaching in some of our old and conservative institutions, as well as in the every-day life of toil and labor, that socialism is to be the salvation of mankind.

Unless we can change for the better and change quickly and thoroughly, we are destined to see overthrown the very foundations of our government, the very essence of all that our fathers fought for.

You may ask where are we to turn and how are we to find the means for returning to a safe and sane attitude

toward life. My answer is—to education, education that is sound and that develops the man's whole nature, that develops the physical, mental, moral and spiritual.

When I speak of education, I do not mean that excellent training given in medical schools. We are doing wonderful things there. I do not refer to the marvelous efficiency developed in technical and engineering lines, as, for example, at the Massachusetts Institute of Technology. We are building bridges and skyscrapers that astonish the world, we are mastering the matter of traveling through the air, we are talking through space with the peoples of the earth, we are wringing from nature secrets that our parents never dreamed of.

In all these lines we are doing wonders, and I am not concerned about them. The thing I am concerned about is the schools that make men and women, without regard to their capacity for the making of money, the schools that train the boys and girls to live, to think and to act in an unselfish way, for the good of all concerned, for the general welfare of the community in which they live; in other words, the common school, the high school and then the college. Never were such schools in such danger as now, and never were they needed as now.

Alongside of this school and college education, is the restoring to health of the sick and the crippled, the education of the bodies of men and women, and here the physician and the nurse have just as important a position as the teacher, and the same character and same devotion are needed, for in all these lines the motivating power is the desire to serve mankind.

Our school buildings are the finest the world has ever seen; our hospitals are the best equipped that humanity has ever known. But what are school buildings without devoted and consecrated teachers and of what good are hospitals without expert physicians and without nurses trained in technic and endowed with the spirit taught by the Nazarene, that of loving devotion to mankind?

The writer has known two physicians, both splendid surgeons, but in motive and character as different as could be. One used his skill to the end of making money, only rich people could be his patients. His charges were high, he reached his goal, he became a wealthy man. The other had the very essence of Christ's teaching in every fibre of his being. His object in life was to serve the sick and the suffering. One episode will illustrate his attitude and conduct in hundreds of cases during his practice of over half a century.

He lived in a city. In a neighboring village was a university where many, many boys were injured in the athletic exercises. When a shoulder had to be adjusted or a broken bone set, someone would go to the telephone and call this physician. His answer was always the same: "Send him along, we will take care of him." This answer became stereotyped in that college town. The attention was the very best that skill and science could produce and the bills were of mighty little importance. If the boy could not pay a reasonable bill, the bill was sent receipted.

A young woman who was a stenographer in that village was taken suddenly ill and the local physician said that she must have an operation. One of her friends called this surgeon and the answer came back: "Send her along, we will take care of her." When the explanation was made that this young woman was an orphan and

made her living by pounding a typewriter and that there was no prospect of her being able to pay for operation or hospital expenses, the answer was just the same: "Send her along, we will take care of her." She went, and this surgeon took care of her case just as he would have done if she had been able to pay a thousand dollars for it. After three weeks she was told that she could go home and as she went an envelope was handed to her. She opened it with fear in her heart, but found at the bottom simply the two words, "Received payment." This was before the surgeon knew the story of her life and her purpose of going to the foreign mission field where she went shortly after her recovery and where she spent years of her life in the service of the people of China.

That kind of service this surgeon rendered through more than fifty years of professional life. Which one of the two surgeons received the best income for his own satisfaction, the one who made money or the one who had the realization that he was putting into daily practice the lessons taught by the Nazarene two thousand years ago? Which one paid the better dividend to the faculty of the university and the schools that trained them? These institutions were supported by the people, in one way or another, and they got their dividend from the second man's life because he was constantly doing something for somebody else.

In the little town of Windsor, in southern New York, on the main street stands a little old house on a green hillock. Some sixty years ago from that house there went into the little high school of that village the daughter of the family. The little high school was miserably poor and small but there was one good teacher there who had it in his heart to teach, and teach well, though he had to do it on a very, very meagre salary. The teaching was well done and this pupil took the best advantage of it, became a splendid student, and in the four years not only learned her lessons well but came to feel in her heart that out in the world there was a place somewhere for her. Before commencement she went home and startled her father, and pretty soon the village was talking about her, because she wanted to do something that was almost unheard of at that time. She wanted to go to college! College was for boys and everyone tried to persuade Alice that it was not the genteel, nice thing for her to do to go to college and her father thought that she had given up the idea. But after commencement, she came home one day and looking her father straight in the eye said: "Father I am going to college." The father was a sensible man, had a good education himself, was putting his life into the health and the welfare of the community, and he at once gave in and asked her where she would like to go. She replied that out in Michigan the university was opening its doors to women and she wanted to go out there. Father and daughter went to see about it and when she appeared before a committee of the faculty, they reported that she was technically not prepared for college. Something was wrong with her work in Latin; it was not as perfectly done as it might have been. That very year Dr. Angell had come to Ann Arbor as President and he said to the committee: "We announced that we would take some girls, we want some, let me sit down and talk with the young lady." He found he was talking to a splendid young woman of keen mind who was determined to

devote her life to the welfare of others. He asked the committee to waive the question of her preparation and to admit her on condition that she do the work; that if she did not do it as well as the boys, he would send her home. At first the boys hooted and shouted, that a girl should go to college. Then they began to clean up their neckties and some of them began to be surprised that Alice Freeman could do the work in mathematics and Latin as well as they could. It had a rather vigorous influence and their scholarship began to pick up.

Six weeks went by and the question of sending her home was never raised. She had demonstrated that a girl could do the college work as well as a boy and established the status of women in colleges once and for all. After two years her father couldn't send money enough to support her there and she went into one of the high schools of northern Michigan, taught two years, came back and, with her savings and with her father's help, finished the course, leaving a record of which the university has been wonderfully proud.

She went to teach in one of the high schools of Illinois. During the time she was in college, a Boston man with a big heart and a big pocketbook decided he wanted to do something for the education of girls. He looked around among the suburbs, picked out Wellesley with its beautiful lake and surrounded with hills, and bought land for a school campus. Then he started some buildings, but pretty soon he found out that campus and buildings do not make a college and where to get professors was a problem, for there were not many women prepared for the work. He turned to Dr. Angell of Ann Arbor who told him about Alice Freeman out in Illinois. The result was that she was called as a professor and she got on wonderfully well with the girls who were there. After a short time they needed a president and she was invited to become the president of the little bit of a baby college. The offer almost frightened her out of her wits. She said she couldn't do it. There was no one with whom she could consult. She went to a livery stable, hired a horse and started to drive, she didn't know where and she didn't care, and she drove until the horse gave out and had to stop, and then she turned back toward Wellesley, wondering what to do.

When she returned she called the girls to her and said to them that the committee wanted her to take the presidency, but she couldn't do it alone. She suggested that if they would do part of the president's work, she would do the rest, that if they would take care of the disciplining of any girls who could not behave themselves, she would take care of the academic work, and there was a splendid beginning of student government. She accepted the position, gathered around her a group of other women who were interested in doing something for somebody else, and together in a few years, they put the little bit of a college on the map and when she retired from the presidency she turned over to the girlhood of America one of the finest institutions the world has ever seen. Just the story of a teacher whose heart was devoted to the pupils she was to teach, and whose life and influence went out to the girls who came to her, and who left an inheritance that is going down to the future for the benefit of mankind.

Some forty years ago the writer was a student in Paris and while there became acquainted with another young man who was getting ready to teach

French. They both returned the same year. This other young man went to Richmond College in Virginia and for a few years taught French and German. Then they made him president of a little, denominational college with a small number of students and a diminutive endowment. He kept the college going, got a little help here and there, and picked his faculty from the young men who had in their hearts something more than the love of money—young men who wanted to devote themselves to the young people of Virginia. The little college was in the city, there was no room for growth. A beautiful new campus was purchased and in the next ten or fifteen years there arose there a new outfit of buildings, up-to-date in every particular, and equipped to do a fine work. Along with the buildings there was gathered together a group of professors whose hearts, souls and minds were given over to the helping of boys and girls to grow up into men and women of the highest type.

The writer, something over a decade ago, asked the president how on earth he could get the money and it took considerable quizzing to find out. The method was simply this: back twenty years or more ago, finding that endowments and capital were necessary, the president went over Virginia making an appeal for the boys and girls of that state and finally got from twelve thousand contributors money enough to pay for those buildings with some left for endowment and for salaries of professors, and that institution stands today as one of the foremost institutions of the south, with buildings and equipment comparable to anything in the world and with a faculty of experts, every one of whom is doing something aside from his professional duties for the uplift of boys and girls. They are sending out several hundreds of well trained men and women every year to serve and inspire the people of that commonwealth.

The writer once asked that president if he got any money together for himself and the reply came: "I have had no time to make money. Money for myself was not my object. When I am through, there is a little farm my father left me and I will live there."

What kind of dividends has that man reaped for himself and what kind of dividends is he giving to the schools and college that trained him? It is so big a dividend that we can't describe it!

Somewhat over a century ago the Crimean war broke out in southeastern Europe. England sent the flower of her young soldiers and the best of her navy to help out in that war. The fighting was terrible; the wounded were lying everywhere, without care, for the nursing service of military life had not begun. Newspaper reports in London printed awful accounts of the suffering and agony of the wounded soldiers who were not being cared for. One patriotic man made an appeal to the women of England, calling, calling for someone to go and relieve the suffering in the southeast. Under the leadership of Florence Nightingale, some thirty or forty nurses went and performed what we might call a miracle. Hospital equipment was almost entirely lacking, the best beds were sacks of straw. Not only did she and her associates attend day and night, until their strength was gone, but she had executive ability and she appealed to people at home in such a way that she got equipment that was never heard of before. She got assistants in large numbers—larger than ever were known before—

for there was not then what we now know as the Red Cross. Service to the sick was first and foremost, but she was a woman of executive ability who devoted herself heart, soul and spirit, to her work. She stands on the pages of history as one of the greatest women the world has ever known. She paid, not only to the people of the English army, but to the whole wide world, a dividend that couldn't be counted in figures and she paid herself a dividend of the richest kind imaginable.

These few illustrations may serve to make clear what we mean by life dividends, or what makes life worth living. To sum it up briefly, it is simply putting into daily life and the daily occupation of human beings, the spirit and teaching of Jesus as he taught two thousand years ago.

Blindness

THERE are close to 2,500,000 blind persons in the world, and active efforts toward prevention of blindness are now under way in twenty-eight countries, it is disclosed in the report of a two-year study by the International League of Red Cross Societies, made public by Lewis H. Carris, Managing Director of the National Society for the Prevention of Blindness. Representatives of the twenty-eight countries formed the International Association for the Prevention of Blindness.

Among the recommendations of the report are: that the trachoma research of the late Dr. Hideyo Noguchi of the Rockefeller Foundation be carried further; that a world-wide agreement be reached on a standard definition of "blindness"; that more attention be given to special educational facilities and vocational guidance for children with defective vision; and that greater efforts be made to cut down the eye hazards of industry which, in America and some other countries, now constitute one of the most serious causes of blindness.

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So far as the amount of blindness in the United States is concerned, the report states, "Varying estimates are found. The number is considerably higher than 82,617, as given in the 1920 census report." Concerning this figure, Mr. Carris said that it would be more accurate probably to accept the estimate of 100,000 as the blind population of the United States.

Eight international agencies interested in the prevention of blindness are mentioned in the report. These are:

The League of Nations
International Labor Office
League of Red Cross Societies.
International Union against Venereal Diseases.
International Association for the Protection of Children.
International Save the Children Fund.
International Education Bureau.
International Migration Service.

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The major causes of blindness are: trachoma, syphilis, gonorrhœa, ophthalmia, neonatorum, smallpox, glaucoma, congenital defects and accidents. Although trachoma is found to some extent in practically every part of the globe, its ravages are especially severe in oriental countries. Geographically it is most prevalent in Egypt and along the borders of the Mediterranean Sea, in Palestine, China, the Balkan States, India, the hot sections of Brazil, and in North America among the dwellers in the Appalachian and Ozark Mountains and among American Indians.

• • • • •

"Although it is impossible to estimate the extent of seriously defective vision," the report says, "unquestionably hundreds of thousands of persons have such poor sight as to be vocationally handicapped. The demands of education and of modern life involve close use of the eyes in many callings, and, with the increase in such demands, the general prevalence of poor eyesight has become more and more evident. It is also probable that an actual increase in the amount has resulted from the strain of such constant use. With improvement in the conditions under which we work, study, read and play, a decrease in defective vision may to some extent be expected, and advances in optical science have made possible the relief by properly fitted glasses of much avoidable fatigue, inefficiency and unhappiness."

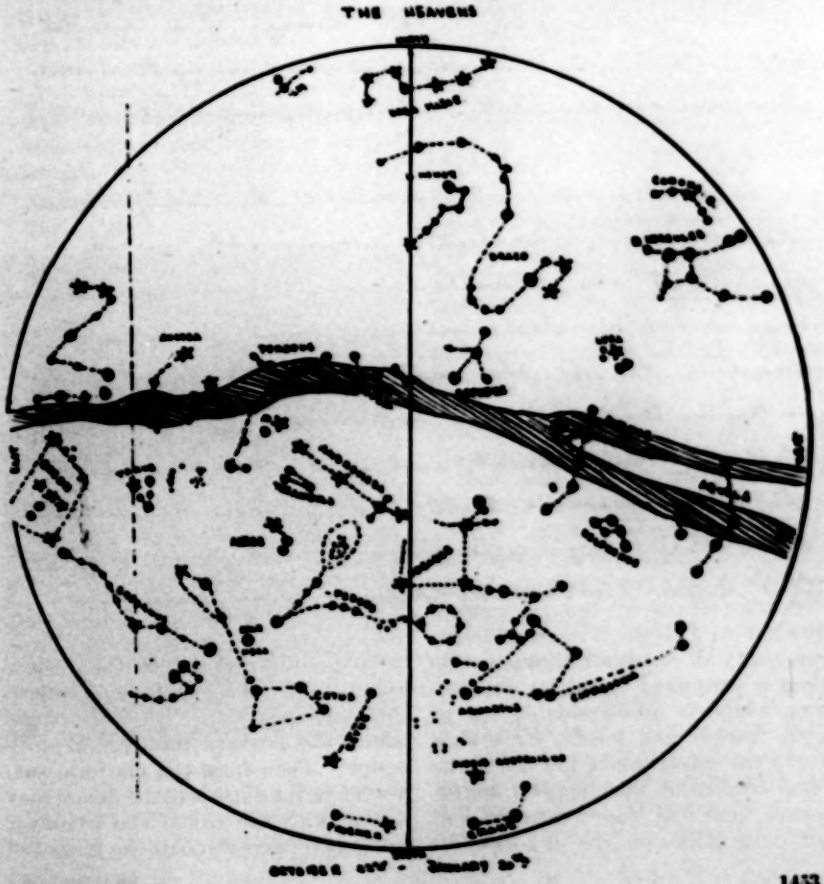
An Experiment in Education

A Science Project

STELLA E. WHITTAKER

IN an article, "An Experiment in Education," appearing in the September issue of this *Journal*, mention was made of the units which constituted the background of that "Experiment" which is being conducted in Providence, R. I. These units are English, natural science, biological science, social science, literature, psychology, and the science of politics and government, with such electives as will meet the entrance requirements of the higher institutions of learning where the individual pupil wishes to continue his or her education. The writer has been requested to give a somewhat detailed description of the course in natural science with illustrations which will be reproductions from the notebooks of students taking the course.

You may recall that through the



"Veritable Clouds of Stars."

Not a single star in this whole picture is visible to the naked eye; yet every tiny spot is the image of a world that wrote its "image and superscription" on the photographic plate. (Photograph from Yerkes Observatory)

A star is one of those heavenly bodies that remain apparently immovable with respect to one another. Twinkling is another mark which distinguishes stars from other planets. As to the nature of stars, their spectra indicate that they are bodies resembling our sun; that is, incandescent, and each shining with its own peculiar light. Some are larger and hotter than the sun, others smaller and cooler. They differ enormously among themselves.

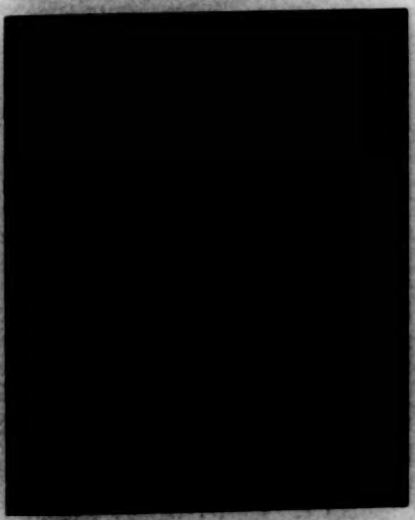
generosity of Brown University, the class is permitted to use its observatory which is an invaluable aid to both teacher and pupils. Here they study the construction and use of the more important astronomical instruments including the refracting and reflecting telescope, the astronomical clock and chronograph, the transit instrument, the photochronograph, the spectroscope, etc. The pupils study the heavens through the telescope. Then from the platform surrounding the outside of the dome, they locate with the naked eye whatever they have seen through the glass and

check by using the telescope again. They are taught to identify the circumpolar constellations, those of the Zodiac and the major constellations.

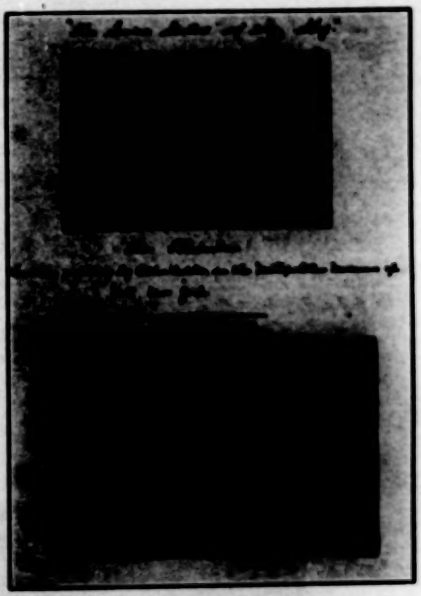
One of the drawings which Miss Davidson made in her notebook, to conclude the work on constellations, is shown on page 1453.

The pupils are taught the terms and names used as they occur in the work, so that star, fixed star, double star, sun, planet, and satellite are a part of their working vocabulary at an early stage. The illustration on the opposite page is found at the beginning of the treatment of stars in Miss Davidson's notebook.

When familiar with the geography of the heavens, the attention of the pupils is directed to the nebulae visible through the telescope in Andromeda, the Pleiades, Lyra, Canes Venatici and the great nebula in Orion.



The great nebula in Andromeda with its knots of condensing, glowing, nebulous matter furnishes a basis



for the consideration of the planetesimal theory and the nebular hypothesis from which they work out the development of the solar system, easily accounting by this means for the structure of the sun, the relation of the planets to it, and the relation of their satellites to the planets, their relative sizes, distances from each other and the sun. (See table and diagram on the following page.)

The class studied the surface of the moon through the telescope and learned its movements and phases, the causes and phenomena of eclipses of the sun and moon. The following drawing proved the student's understanding of the movements and phases of the earth's satellite.

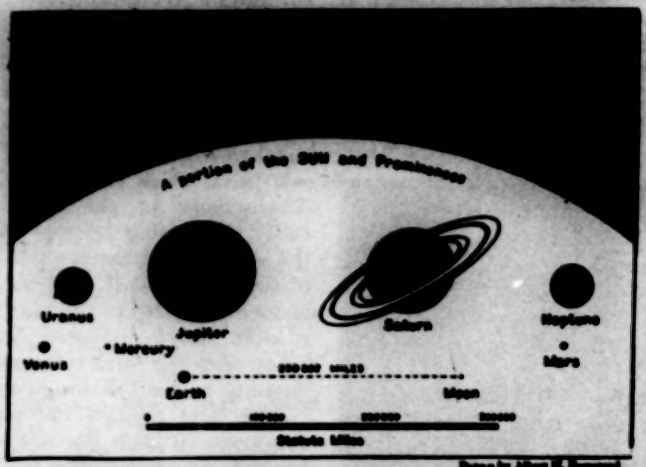
Moon

PHASES of the Moon—new, half, and full—result naturally from its various positions with respect to the sun and earth. Deriving all of its light from the sun, the moon is "new"

PLANETS

Planets	Diameter Density		Mean Distance from Sun (Millions of Miles)	Period of Revolution (Days)
	(Miles)	(Earth's 1)		
Mercury	2,700	0.56	35.7	88
Venus	7,700	0.82	67.2	225
Earth	7,918	1.00	92.9	365
Planetoid Eros	20	?	135.1	643
Mars	4,220	0.71	141.5	687
Planetoid Ceres	480	?	257.1	1,681
Jupiter	86,500	0.24	483.3	4,333
Saturn	73,000	0.13	886.0	10,759
Uranus	31,900	0.22	1781.9	30,688
Neptune	34,800	0.20	2791.6	60,181

Planets



Drawn by Albert H. Hammond

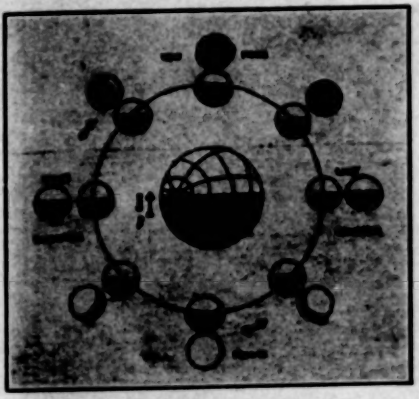
CHART SHOWING THE RELATIVE SIZE OF THE SUN, MOON, AND MAJOR PLANETS

The stupendous size of the sun in comparison with the several members of its planetary family is emphasized by the distance of the moon from the earth as here placed on the face of the sun. The differences in their sizes play peculiar tricks of gravity. A hundred pounds would weigh 2,564 pounds on the sun, 251 pounds on Jupiter, 38 pounds on Mars, and 16 pounds on the moon. Spots on the face of the sun are often six times the diameter of the earth, and prominences frequently reach so far into space that they would completely envelop our moon if they started from the earth (see also page 1455).

A planet is an opaque body of the solar system that revolves around the sun as its center of motion.

when it is between the earth and the sun; it is "full" when it is on the side of the earth away from the sun. *Solar eclipses* occur only when the moon is new, and *lunar eclipses* when the moon is full.

Last year the moon was so obliging as to stage a total eclipse, which was observed and reported by the students whose experiences in watching an



interesting "case" through the hours of a night had probably never thrilled them more than did this experience of witnessing one of the outstanding phenomena of nature. Miss Davidson's notebook contains the graphic diagram (on page 1458) of the causes of eclipses of both sun and moon published by the National Geographic Society.

Following the eclipses of the moon, those of the sun were easily understood, and the recent great eclipse of 1925 was still so fresh in the memory of the class that it served as a vivid illustration.

On the first evening that the writer met this class she gave them the following quotation from "In Memoriam," with the request that it be inscribed on the first page of their notebook:

> Let knowledge grow from more to more,
> But more of reverence in us dwell;
> That mind and soul according well,
> May make one music as before.

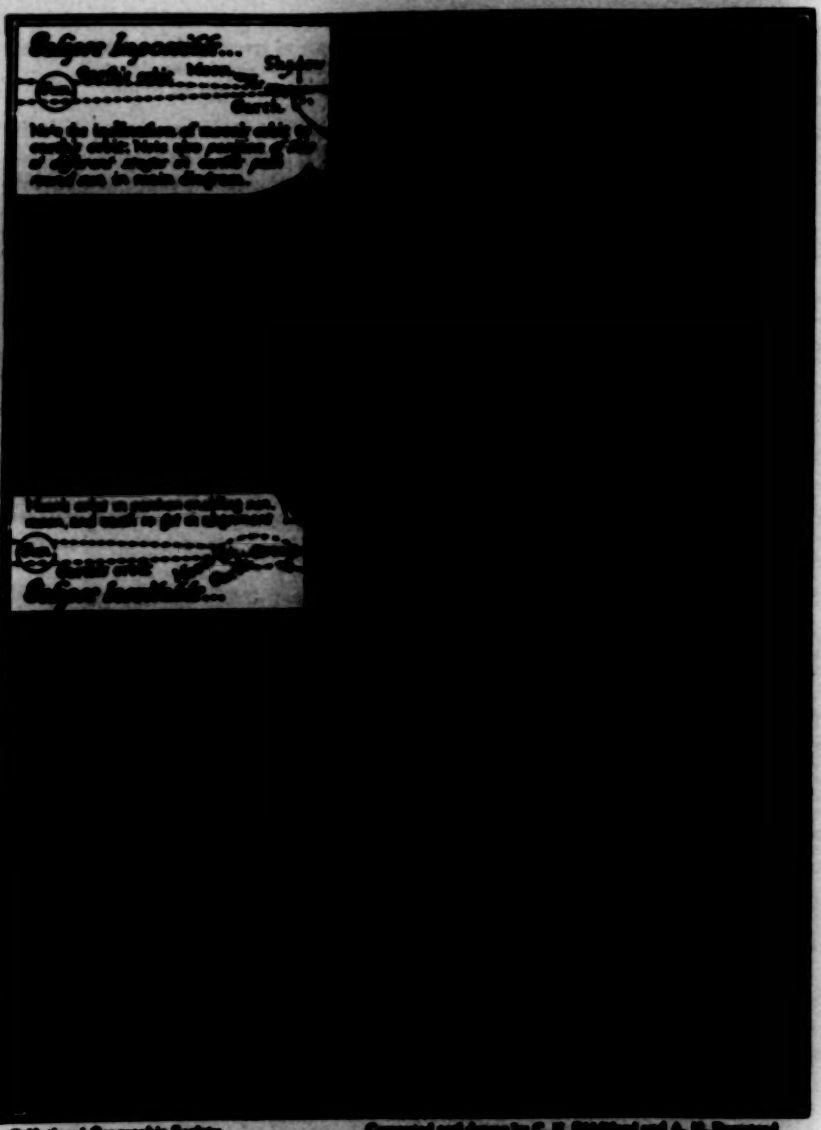
No comment was made by the teacher, but there was scarcely a week in which some one or more of the class did not refer to the lines and apply them to her newly acquired knowledge and power.

The annual and daily movements of the earth with their resulting succession of the seasons and alternation of day and night and also the zones of temperature with their bounding circles follow logically in the development.

This is a good time to take up climate and weather. The thermometer and barometer are considered, and the reading and interpretation of weather charts are taken up. In New England, at least, during the study of these last few topics enough variety of weather is afforded to furnish ample illustration and material for discussion.

As you see, we do very little so-called textbook work. Lectures are used to open a new subject, then in the laboratory of the out of doors, confirmation is made of the facts brought out by lecture, or the order of procedure is reversed as circumstances seem to demand. In fact a new subject was taken up at least twice during last year because nature offered, just then, a better opportunity to learn from her than from the teacher.

Allusion has been made to the examination of astronomical instruments used in the observatory and some practical knowledge of their use. Among these is the spectroscope and its value in determining the material found in the heavenly bodies and their condition, whether solid or gaseous. The students find in this way that in



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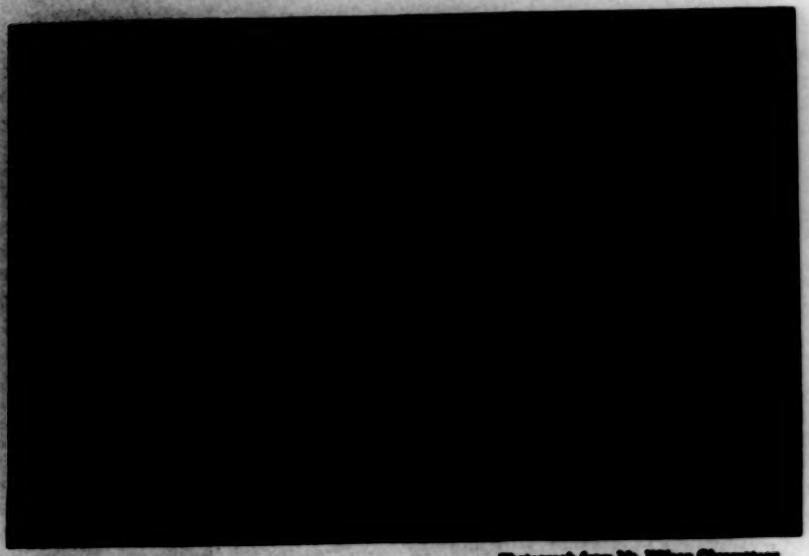
A PICTORIAL DIAGRAM OF THE CAUSE OF ONE OF THE MOST DRAMATIC SPECTACLES IN NATURE

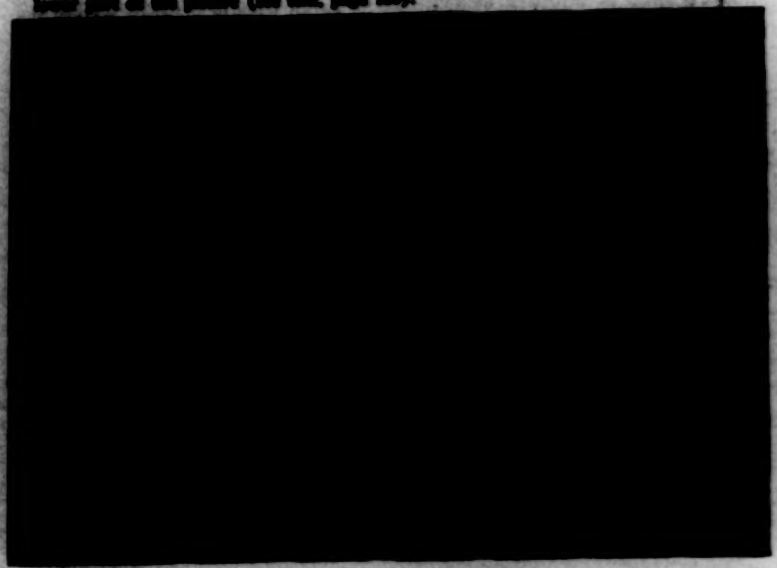
These who observe the great celestial performance this month (see text, page 97) will never see it again in the same "theater," for the sun and moon never repeat their "act" along the same circuit within the span of a generation. A clear sky will provide a spectacular event for all beholders along the path of totality. The upper half of the above illustration is diagrammatic and is not drawn to scale.



Photograph from Mt. Wilson Observatory

THE THREE GREAT TYPES OF SPECTRA THROUGH WHICH THE STARS TELL THEIR STORIES

When light comes into a spectroscope from a solid body glowing with white heat, it presents the ordinary prismatic colors of the rainbow. When the light comes from glowing gas, instead of from a solid, it gives a black band crossed by bright lines as shown in the middle band of the picture. But when it comes from a solid glowing body and passes through a cooler gas, like the atmosphere of the sun, it gives a prismatic band, but crossed by dark lines, as in the lower part of the picture (see text, page 1461).



Photograph from Yerkes Observatory

CODE MESSAGES FROM EIGHT FAMILIAR STARS

the composition of the universe there is a certain unity which is one of the evidences in favor of the nebular hypothesis. The following spectra of light from a number of stars, which are used by Miss Davidson, are a good illustration of the knowledge of the class in their use of spectrum analysis.

At this point the students remind themselves of the quotation from "In Memoriam" and proceed to study the composition and structure of the earth as a planet proved to be of common origin with the rest of the solar system by means of the nebular hypothesis and spectrum analysis. The former furnishes also an explanation of the movements of the earth in space and on its axis, and of its circles, the succession of seasons and of day and night.

At this point a new project is begun, geology, which with this course of study concerns itself with the development of the earth through the geological ages until it was habitable by man, but that is another story, another project which will be resumed when the class returns to the work of the year the first week in October. At the conclusion of this study of the structure of the earth another project covers the relations of the earth, its soil, climate, river and mountain systems, etc., to the life and civilization of man and so makes connection with the social science unit which concerns itself with the history of civilization from earliest times to the present. A year of biology taught by the laboratory method rounds out this science unit and places the life on the earth in its environment of time and circumstance.

Maternal and Fetal Mortality

WHAT is the remedy? The remedy is better prenatal and intranatal care which can only be attained by better obstetric education on the part of the laity and better appreciation by the attendant of the physiological factors which enter into labor. Propaganda is producing the demand for better care, but our facilities for giving this care are not adequate for the need. We need more well equipped maternity hospitals or separate maternity wards in general hospitals, specially staffed to lower the incidence of cross infections, better trained physicians who practise aseptic or antiseptic technic, and *trained nurse midwives* to care for normal cases. (Italics ours.—Ed.)—John Osborn Polak, M.D., at the annual meeting of the American Child Health Association, October, 1929.

Qualifications for Industrial Nursing

GRACE M. HEIDEL, supervisory nurse of the New York Central Railroad lines, has furnished us with the conclusions regarding the desirable qualifications for nurses doing public health work in industry. These conclusions were brought out at the session for industrial nurses held during the last Annual Conference of Health Officers and Public Health Nurses:

"To do successful public health work in industry, a nurse should have in addition to a minimum course in public health nursing practical field work, an understanding of the principles of social service and mental hygiene. Her specific field calls for teaching groups of industrial workers how to keep themselves fit to meet the demands of industry. To her also falls the task of supervising and helping to keep in working order the most important machines in the establishment—the human machines."—From *Health News*, New York State Department of Health, October 21, 1929.

The Registrar Looks at the Private Duty Nurse[1]

LUCY LAST VAN FRANK, R.N.

THE private duty nurse of today differs somewhat from the private duty nurse of a few years ago when we consider her as the nurse who went into the home to care for the sick, becoming temporarily a member of the family and adjusting herself as best she could to whatever conditions she might find there, sleeping whenever and however she could. Today the modern private duty nurse has become the special nurse in the hospital and seeks a twelve-hour service or less. This makes it possible for her to have more time for rest and relaxation and the opportunity to lead the life of a normal woman. Many desire some sort of home life and there is a tendency to get something better than the hall bedroom. A fact noted one September day recently was that, within a period of thirty minutes, our Registry received seven changes of address. Two of these nurses had moved two weeks before and one, three times within a week. This indicates that rooms in private homes are not always what they appear to be and probably the telephone service, indifferently handled, causes many nurses to take small apartments which they cannot afford or to go into larger ones with groups of nurses.

In order that we may secure better coöperation and start out right and with an understanding of our relationships, when the nurse makes her initial visit to the Registry, she is greeted and handed a copy of the Registry rules which we request her to read before filling out the application blank. At this time she is invited to arrange, if she wishes, some free time daily while waiting for a call which obviates the necessity of telephoning which is a hindrance to our service to the hospitals and others. Those registering for night duty are allowed freedom until five o'clock each day, if they wish, and we call the majority of our night nurses after that hour, using an outgoing telephone for that purpose. This arrangement is much appreciated by nurses who used to sit anxiously waiting for a call. Our new applicant is then taken into the office where calls are received and filled and our system of handling the Registry business is explained. This has been a great help to both the nurse and the Registry, for when she reports she knows exactly what our procedure is and nothing is left to her imagination; it has inspired more confidence.

Our greatest difficulty during dull periods arises from the desire of nurses to know their position on the list, and with four incoming lines and many times all of them coming in together it is necessary to expedite each call as much as possible. The register containing the available nurses is in constant use. Only one person can work well with it at one time and she is pushed to the limit much of her time on duty. This is where the coöperation of the nurse is needed, for if she telephones unnecessarily, she is hindering the more important service—that of receiving calls for nurses.

When Julia Wilkinson, who was appointed field representative by the A. N. A. to study registries, visited our office in June, she said: "I do not want to take your time to go into a lot of details, but I would like to sit down in the Registry office and listen in," and so for three days that is what she did. She learned much in this way and we hope, later on, to benefit by

[1] Read at the annual meeting of the Illinois State Association, Moline, October 10, 1929.

her survey. Perhaps you would like to listen in and know what can happen within a ten-minute period. It is not any particular time that we have chosen, but it happens to be a Friday in September, at 9.30 in the morning. A hospital is asking for a list of their nurses. They are requested to hold the wire while we answer another call. This is a nurse who asks how many nurses are on for days on her hospital list. We count 32. Then she wants to know how many for nights and is told, "About 18." She replies: "Well, all right, put me on for days." We start to give the hospital the long list but are again interrupted with two more calls. All hold the wire while the hospital list is completed. This hospital gave us their call for one day nurse and four night nurses. Then we have the request for the telephone numbers of two nurses not on call. Also a nurse inquires her position on the list. She is told she is number twenty. She replied: "How is that? I was number sixteen yesterday," and she is reminded that in accordance with rules, nurses who report in, off short cases, are returned to their original position on the list, once. Another one telephones in to request relief and wants someone she knows. She waits while another one is asked to hold a wire and another, a doctor, asks for a nurse for 24-hour duty in a home. All wires are cleared. The nurse is called and found "out"—no message. Another nurse registers, saying: "Where will I be on the list?" When told, she said: "Register me off for the day."

Some one is now asking for the list and then wants the telephone numbers of eight of them. Another nurse registers in. We then notify the hospital which requested a day nurse that she is not available, and another is named and called.

Now some one is inquiring for a Miss Mouse from a Fairchild Hospital, somewhere. They were told we had no such person; reply, "Oh, yes you have, I was on a case with her two months ago." Given the address of the patient and date of call, we looked up and found out it was a Miss Muus and she was from Fairview Hospital. And thus we might go on, and I can just feel that even now some of you are waiting to say: "Why do you not correct some of the bad habits of your nurses?" Can you not better understand how wearing it is and how much there is yet to do in educating the nurse to a better understanding of her relationships? Our problem is this—we get it over to some, but new ones keep coming, so we just keep pegging along like the rest of you doing the best we can with the material we have.

The long wait in dull seasons which consumes their earnings brings many nurses to the Registry seeking other work, they know not what. General duty is scorned by many, because they consider the grind, as imposed by many hospitals, a step backward and not only supervisors but even student nurses exhibit a contempt for their services. This may be the fault of the individual but nevertheless it is worth our consideration, for until we give them the recognition commensurate with this important service, we cannot attract desirable nurses to that field. Many do accept general duty temporarily and as soon as private duty picks up they return to it. Also they chafe under the long hours and are seeking office and industrial work, but in these fields we have the smallest demand.

The most unpopular cases are contagious, country, holiday, night calls, and home calls, especially night duty in homes in the winter. The reason

for the last is that nurses are uncomfortably cold and many have lost time through illness resulting from exposure.

Although we adhere to a strict rule of registering and assigning nurses in order of precedence, we observe that more and more are the best qualified sought and requested. Nurses should know this and endeavor to improve, not only in quality of service and technical skill, but in human understanding and cheerful coöperation. Everyone wants more happiness and there is no room for the dull nurse. Hence, when nurses are passed by and others preferred, we are often called to task by the nurse and we explain that the other nurses were personally requested. There is much open resentment shown on this account, but we feel the nurse should take stock of herself, learn the cause and endeavor to make her service more desirable.

We observe a marked lack of interest on the part of many nurses in the matter of diet for the home patient. As soon as she is told there is no one to prepare the meals and the nurse will be required to do this, there is an inclination to refuse. From the Registry point of view, all nurses should be equipped and willing to give this service when necessary, since diet is an important factor in bringing about the quick recovery of the patient. Also when there are two nurses on the case, it often happens that there is no provision made for the night nurse's meal. It is a courtesy the day nurse should extend to her sister nurse, to see that this is taken care of.

The private duty nurse still has the greatest stronghold in the nursing profession, as it is she who comes in closest contact with the public at large by giving the actual bedside care to the sick. For this reason she can never afford to stop studying the latest nursing procedures, learning the newest drugs on the market, new diets, new public health movements, in fact, everything that will broaden her education. She needs to have occasional postgraduate courses, or do relief work in institutions and attend clinics when possible. This may be done in dull seasons when waiting for calls. The grateful patient will spare no pains in circulating the good reputation of the nurse who has been kind and faithful to him during an illness, and he will often judge all nurses by the impression one has made upon him. He will even include the institution in his good will. Thus we see how much depends upon the impression the private duty nurse makes on the patient, doctor, and the public. She often holds at stake the reputation of the entire profession, and the institution in which she may be serving.

In like manner the nurse is dependent upon the institution, either directly or indirectly for her calls, therefore, she owes the institution where she is employed—first of all, loyalty by obedience to its rules, loyalty to her patient, to the doctor and to her sister nurses. One of the greatest complaints against private duty nurses is their spirit of criticism of physicians, rules and management of hospitals other than their own. How frequently do we hear such expressions as: "We never do thus and so in our hospital." Dr. —— always gives such and such, in these cases." These little criticisms are made thoughtlessly but how much harm frequently follows. Such nurses do not stop to consider the difference in type, construction and means of maintenance which retards many hospitals from having equipment that is found in large city hospitals.

Another point which we might

consider is the nurse herself and the influence she has on the student nurse with whom she is closely allied. What must be the student's impression when she sees how little regard the special nurse has for obedience to rules; for instance, loitering about the hospital corridors and standing in groups, talking? Many nurses complain regarding lack of facilities in some hospitals for graduates, saying they have no place but a lavatory or the patient's room in which to dress and no locker for their clothes. A locker room and dressing room where special nurses may relax when their patients have visitors or when they have free time might obviate the loitering in corridors and the bad example shown to the student body. Also private duty nurses should be invited to attend hospital clinics, lectures, etc., whenever they may be at liberty, for I believe there are many who would welcome such an opportunity and the benefits derived would be reflected in their work.

Since the nursing care is the most important thing from the standpoint of the patient, much of the reputation of the institution depends on the care given by so many private duty nurses.

Now let us consider what the institution owes to the private duty nurse, and how much it may be blamed for her shortcomings, or how they may be remedied. When the private duty nurse enters the hospital, especially if she is not familiar with the institution, she should be escorted to the nurses' dressing room, then taken to her patient, shown his chart, the doctor's orders, the utility room, the diet kitchen, and acquainted with any other necessary details, including the time meals are served. A nurse should direct her to the dining room and relieve her for meals if the patient requires constant care.

Recently a nurse reported to me that she had a very ill patient on night duty who required continuous attention. She had never nursed in the institution before and knew nothing of the rules; no one offered information as to where or when the midnight meal would be served, and when she stepped out in the hall to see if there were a ray of hope, the nurse in charge, sitting at the desk, told her she was too late and she did not relieve special nurses for supper; that the special nurses had to relieve each other. Cannot you imagine how heartsick this tired, hungry nurse felt; and to be treated thus by a student nurse? One fears most for the patients who are to fall to the mercy of so heartless and indifferent an individual. And that was not all; in the morning, before going off duty, this special nurse stepped into the training-school office to find out if the information given by the student nurse were correct. She was told she was impudent, when she remarked that it did seem as if the hospital should have some provision other than depending on other special nurses whose duty it was to be with their own patients. This nurse reported her experience to the Registry and said she would not care to return to the institution again. Also, later, the hospital reported the nurse very rude to students and night supervisor, with a critical attitude toward the hospital in general, and they did not want her again. I hope the time will come when it will be possible to follow up incidents from our office and, by friendly interest and coöperation, endeavor to correct such conditions.

In fairness to the large majority of our private duty nurses, I must say that they are non-complaining, coöperative, and an inspiration, and in thinking of them we take courage in dealing with the others.

The pressing need in some of the smaller training schools for students, to carry on, has forced many superintendents to accept candidates against whom their better judgment warns them, and as time goes on they find there are too many rough edges to smooth, but such a nurse may have served for months, and the superintendent worries along with her. She is graduated but she never can be a success. Not being favored with many calls from her own hospital, she seeks a new field through registries. She is recommended by her superintendent and accepted and, because of lack of any follow-up work, it may be some time before we find out that her nursing is of poor quality. Then, if sufficient proof is given us, she is eliminated. There are many of this type who weep over their failures. How much better would it have been to let her do her weeping before, than after, she had sacrificed three years.

We survey then, with sympathetic understanding, the various problems of this vast army of private duty nurses who arise in the early morn long before many of us, and, as some have remarked to me, "go forth on the street where only the milkman is in evidence" and board a street car with the laboring man. This is followed by long hours of duty, interspersed with longer periods of waiting. Her subsequent struggle to maintain a decent standard of living is still to be thought of. She meets with lack of coöperation among her associates. She has often to listen to small talk in dressing and dining rooms. And all the time her own obligations are pressing in upon her, and she finds it almost impossible to lay by for that "rainy day" ahead.

Yet in spite of all this, every official registry is handicapped in its service, because private duty nurses refuse to take home cases and openly say they would rather wait until their turn comes and go to their own hospital, and so registries depend largely on nurses with no school connection in the city, to care for home cases. Something drastic may have to be done to correct this situation, for certainly nurses must realize that when a physician has a patient in the home, it is just as essential to him to have some one who understands his methods, as it is for his patients in the hospital. This refusal of nurses to respond is probably the reason, more than any other, for much of the bitterness exhibited by the medical profession against nurses. Many of them have made the statement that they will not employ nurses on their hospital cases if they refuse their home calls. We cannot always keep this matter under cover, for they demand and we must deliver. Necessity drives many to do what they do not want to do, and many times the doing of it brings better light and understanding. A cheerful response to any call should be every nurse's motto. But how can this spirit prevail unless we have that kind of women in our training schools? With every nurse a teacher of health, we might even look forward to the time when, instead of the long hours spent in nursing the sick, we shall have not more than an eight-hour day, teaching a world how to keep well.

Nursing by Religious Orders in the United States

Part VI—Episcopal Sisterhoods, 1845–1928

ANN DOYLE, R.N.

"Those who have ensured their remembrance by their deserts"—Virgil.

THE opening of St. Mary's Free Hospital for Children in New York City, on September 29, 1870, by the Sisters of St. Mary, marks the beginning of hospital nursing by Sisters of the Protestant Episcopal Church in the United States of America.[1]

Prior to this date, however, several groups of pious women designated as "Sisters"[2] were engaged both in hospital and home nursing, the first of which were the Sisters of the Holy Communion.

The Sisterhood of the Holy Communion, so called from the church under whose first pastor it originated, dates its existence from the year 1845. It was thus the first Protestant association of its kind in this country.[3] "The first Sister [Anne Ayres] was consecrated one winter evening [November 1, 1845] in the church, at the dispersion of the congregation after the daily service. Besides the pastor in his surplice within the chancel, and the Sister in her accustomed dress kneeling at the rail, the only other present was the good old sexton, waiting to put out the lights."[4]

The Sisterhood was not regularly organised until 1852, and during the first two years of its existence the Sisters did parish work and taught in the little parish school while at the same time they took care of a few indigent sick in a rear tenement near the Church of the Holy Communion.[5]

In 1854 a house adjoining the newly erected Sisters' residence was hired and opened as St. Luke's Infirmary, and the patients from the tenement moved in. In these quarters over two hundred patients were cared for before the buildings of St. Luke's Hospital were completed in 1858.[6]

"The Infirmary was furnished with 15 beds, and was attended gratuitously by Dr. C. F. Heywood, . . . On May 15, 1858, the Sisters and nine patients were transferred to the walls of St. Luke's, 54th Street Fifth Avenue."[7] The work of the Sisterhood then became nursing.

It was part of the original scheme of St. Luke's Hospital that the sick in its wards should be nursed by women consecrated by a religious motive and special obligation to the performance of that duty.[8] In fact, the Sisters were as daughters in the house and the patients their guests:

> . . . the hospital is their home, they make the cause of the inmates their own, exercising a protecting power over them even when not in immediate attendance; they have a regulating influence over the whole household, inducing gentleness and consideration in place of the wonted roughness and indifference. The necessary hired attendants are both restrained and encouraged by their presence, and are

[1] Archives of the Community, St. Mary's, Peekskill, N. Y.

[2] For explanation and definition of this type of Sisterhood, read "Evangelical Sisterhoods" in "Two Letters to a Friend." W. A. Muhlenberg, Ed., and "Sisterhoods and Deaconesses," Potter, Rev. H. C., pp. 152–159.

[3] Potter, Rev. H. C., *op. cit.*, p. 92.

[4] Ayres, Sister Anne. "The Life and Work of William Augustus Muhlenberg," p. 189.

[5] Wilson, J. G., Ed., "Memorial History of New York," Vol. iv, pp. 438–439.

[6] *Ibid.*

[7] Muhlenberg, Rev. W. A., "Historical Sketch of the Origin and Progress of St. Luke's Hospital," p. 49. (Appended to the First Annual Report of St. Luke's Hospital, 1859.)

[8] Dix, Morgan, D. D., "Harriet Starr Cannon, First Mother Superior of the Sisterhood of St. Mary," p. 20.

elevated into a better class than that commonly found in hospitals by the fact of their working under ladies. An intelligent economy, and scrupulous avoidance of waste is practiced in the use of all appliances of sickness. They dispense the medicines and stimulants, thus precluding the danger of mistakes and misappropriations; and have, at all hours, a systematic oversight of the small but important details of nourishment; critical cases are watched by changing guard among themselves, emergencies met, and the dying hour soothed, come when it may, day or night.[9]

And all of this "without supposing any great depravity in the hired nurse"[10] who was used to supplement the work of the Sisters in the same manner that the present-day trained attendant supplements the work of the graduate floor nurse.

The Sisterhood while living in the hospital and "serving the patients by day and by night" was entirely independent of it, and its members received no compensation whatsoever save their food and lodging. And they must have done very good work for they are frequently praised by the resident physicians in their annual reports: "Medical men from abroad, familiar with such institutions in other lands, are impressed, on visiting St. Luke's, with the almost complete absence of the sights and odors peculiar to hospitals. This result can only be attained by free ventilation, abundance of clean bedding, dressings, etc., all regulated by the intelligent care of the Sisters in charge of the wards."[11]

And again, in the report of the Resident Physician and Surgeon in 1873:

> The peculiar system of nursing established in St. Luke's by Dr. Muhlenberg, viewed in its medical aspect, is not a substitution of voluntary for paid labor, because hired nurses are employed; but the interposition between the physician and his patients of educated Christian women, who voluntarily perform certain duties more responsible than can be intrusted to paid nurses. *It is the substitution of intelligent, appreciative, critical assistance on the part of the Sisters, for the unquestioning routine obedience of mere nurses, and it has all the advantage which increased intelligence has in any work.* . . . (Italics ours.)
>
> "Every ward is in charge of a Sister, who has under her two day nurses, and one for the night. She has had some instruction in medicines [the Sister]. Attached to her ward is a drug-closet containing such *materia medica* as is most likely to be used, and all prescriptions are put up and administered by herself. There are two advantages in this over the ordinary method. First, as no medicines are ordered in quantity, but each dose is prepared and given separately, there is no waste—nothing is left over to be thrown away. Secondly, greater safety and accuracy are secured. . . . To have the medicines given by one who is herself responsible for its proper administration and preparation, who is required by the Rules of the Sisterhood to understand its nature, the ordinary dose, and faithful enough to report immediately any mistake which may occur, shuts up many sources of error and danger."[12]

In 1863 the Sisterhood underwent a reorganization. Several Sisters who felt that the Sisterhood of the Holy Communion, as organized and functioning, did not meet the spiritual ideal which they had set for themselves, withdrew. This little group, led by Sister Harriet Cannon, became what is the present magnificent Community of the Sisters of St. Mary. The remaining Sisters seem to have divided themselves into two groups: the group serving at St. Luke's Hospital and at St. Johnland[13] took the name of the Sisters of St. Luke and St. John; the second group, who were doing parish work from the Church of the Holy Communion, retained the

[9] Muhlenberg, W. A., Ed., *op. cit.*, pp. 23–24.
[10] *Ibid.*, p. 24.
[11] Report of Dr. Albert P. Davis, Resident Physician and Surgeon. (In the Ninth Annual Report of St. Luke's Hospital, 1868.)
[12] Report of the Resident Physician and Surgeon; in the Fourteenth Annual Report of St. Luke's Hospital, 1872.
[13] A Church charity for homeless children and the aged, situated on Long Island, N. Y.

original name.[14] The Sisters of the Holy Communion continued in charge of the Dispensary at 328 Sixth Avenue for several years after the first group had died out.

On April 8, 1877, Dr. Muhlenberg died. The following year, Sister Anne, who had been the Superior from the beginning, resigned, and retired to St. Johnland. The next year, 1879, Dr. Baker, who had succeeded Dr. Muhlenberg, as Superintendent and Pastor of St. Luke's Hospital, again reorganised the group and again changed the name, this time to The Sisterhood of St. Luke's Hospital. This Sisterhood was intended for those "who are willing to walk by rule and desirous of being trained in the art of skilled nursing as well as the best modes of religious ministry to the sick."[15] These sisters seem to have had charge of the nursing work of the hospital until the organisation of the School of Nursing, in 1888, when Jessie Read of the Boston City Hospital was brought to St. Luke's for that purpose. From the records which are available, the Sisters do not seem to have figured in the development of the School.

The next group to undertake hospital work was the Sisterhood of the Good Shepherd of Baltimore. These Sisters took charge of the Church Home and Infirmary in 1865. In the 1866 report of the hospital, the Chairman, announcing their coming to the hospital, said: "The withdrawal of Rev. Mr. Clark subjected the Trustees to no little anxiety lest they should be unable to supply his place; this anxiety was happily removed by the voluntary offer of the Sisterhood of the Good Shepherd to undertake the charge of the Home for three months, at the expiration of which experimental period the Sisters were willing to withdraw, in case the Trustees should prefer to fall back on the old arrangement.[16] [Apparently lay nursing under the superintendency of a clergyman.]

The experiment seems to have been eminently satisfactory to all concerned, for on November 12, 1865, the Board adopted a resolution setting forth their appreciation of the work of the Sisters and requesting them to continue their care of the institution, which they did until 1873, when they left for Missouri.

Of their going, the report for 1873 says:

> Scarcely had the year begun before the Sisters of the Good Shepherd, who were entrusted with the care of the House which they had served well and long, gave notice to the Trustees of their acceptance of an invitation from the Bishop of Missouri to remove to his Diocese. The loss occasioned by their withdrawal was very seriously felt, and very slowly repaired. They had grown up, as it were, with the child of their nurture and were all that was left of the original Deaconesses of Maryland, then at work in its borders. After weary search and anxious consultation Sister Anne and her associates of what is known as the Sisterhood of St. Luke the Physician[17] were induced to undertake this responsible charge, upon the duties of which they entered at Easter. Of this Order of Christian Women, the Bishop of the Diocese is the ecclesiastical head, and its members are subject to his sole direction. Sisters Elisa and Margaret, who were among the first Deaconesses set apart in Maryland, were offered a home for life upon the removal of their Order, which they gladly accepted from the Trustees.[18]

[14] Fifteenth Annual Report of St. Luke's Hospital, 1873.

[15] Twenty-first Annual Report of St. Luke's Hospital, 1879.

[16] Quoted by Cullen, T. S., M.D., "The Church Home and Infirmary: A Historical Sketch," p. 17.

[17] There seems to be absolutely no record of this group of Sisters. Dr. Wyllys Rede, Librarian of the Maryland Diocesan Library, in a letter to Mary Roberts, Ed., *A. J. N.*, November 1, 1929, states: "The Rector of St. Luke's tells me that they were in existence in that congregation during the rectorship of Dr. Rankin, but is under the impression that they were dissolved soon after his death in 1885."

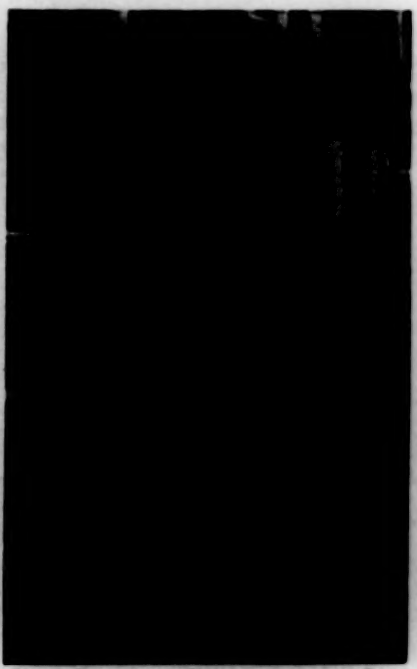
[18] Cullen, T. S., *op. cit.*, p. 17.

When Sister Anne took charge there were thirty-four patients on the free list and seventeen pay patients. These Sisters resigned the following year. The hospital was then given over to lay women. The School of Nursing was not started until 1894.

In November, 1872, the Sisters of the Good Shepherd, upon leaving Baltimore, took up their work in St. Luke's Hospital, St. Louis, Missouri, where they remained for more than sixteen years in care of the sick of that hospital. During their stay the foundation of nursing was laid for St. Luke's and the standards set for hospital service that are found there today.[19] The School of Nursing was organized in 1889, by Mary J. Chambers, from St. Bartholomew's, London, to whom the management of the hospital was given over by the Sisters. And while the Sisters had no part in the actual founding of the School, nevertheless, the nurses feel that Mrs. Chambers, during the period of her association with them prior to taking charge, received from them an inspiration which impressed itself on the School.[20]

In the autumn of 1871 Sister Julia Bull, upon the invitation of Bishop Littlejohn of Long Island, and with the consent of Dr. Muhlenberg, left St. Luke's Hospital to found the Sisters' Community of St. John the Evangelist, and to organize the nursing work of St. John's Hospital, Brooklyn.

The Church Charity Foundation, of which St. John's Hospital is a part, was incorporated in 1851. It had for its purpose several objectives, among which were the care of the sick in a hospital, and the training of nurses: "The fourth object contemplated by



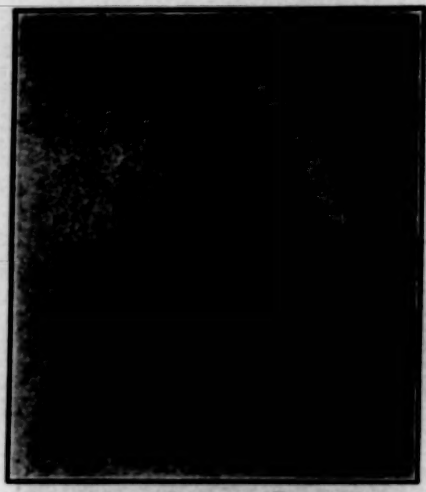
Sole Surviving Sister of the Good Shepherd, St. Louis, Mo.

our articles of incorporation, is a house for instructing nurses of the sick, who will be properly qualified and ever ready to attend upon our own patients, and upon such sick and infirm in our community as may require the attendance of these Protestant Sisters of Charity."[21]

It was not, however, until 1871, that the Foundation realized its objective of a hospital. In the Nineteenth Annual Report, under the heading, "The Dispensary Department," we are told that:

> This department of the Charity was opened in the Autumn of 1870, at No. 1620 Fulton Avenue, under the charge of Jerome Walker, M.D., and five other physicians, all of whom have most kindly offered their services. The Apothecary in charge also, and the

[19] Trenholme, L. I., "History of Nursing in Missouri," p. 25.
[20] *Ibid.*, p. 36.
[21] First Annual Report of the Church Charity Foundation, p. 7.



MOTHER JULIA, REVEREND FOUNDRESS AND MOTHER SUPERIOR OF SISTERS' COMMUNITY OF ST. JOHN BAPTIST

Dentist are "cheerful givers" of valuable and ordinarily costly services.

The benevolent are reminded that the Dispensary would gladly receive such donations of Money, Furniture, Bedding, Bandages, etc., as would enable it to establish a few beds for the sick poor, and—in an humble way—lay the foundation for a Hospital in the Church Charity Foundation.[23]

In June, 1871, four beds had been made available for patients and Eliza J. Coakly [who later became a Sister], was employed as Matron. In the autumn of that year Sister Julia came.

The following year, February 11, 1872, the Dispensary moved to another hired house—1702 Fulton Avenue. There were seven patients, and a subsequent report states that: "It is quite proper that we speak, and with warmth too, of our perfect satisfaction in having given the entire internal management of the Homes to the Deaconesses . . . three Deaconesses, assisted by three Probationers."[24] From this time on, until 1896, the Sisters continued in charge of the nursing work of the hospital.

Constant reference is made through all of the reports of the desire to establish a training school for nurses. In 1879, the matter is spoken of at length and attention is drawn to the dreadful occurrences in New Orleans and Memphis.[25] The question is asked if the time has not come "when every large centre of population needs for its own self-preservation just such an institution as here outlined [a program for a school of nursing], as a protection against an emergency, which at any moment may arise from some sweeping pestilence?"

In the City of New York, the Training School for Nurses in connection with Bellevue Hospital, has met with a success and cordial recognition from all classes which would be astonishing, if it were not for the fact that one can see with little reflection that it answers an unusual requirement, and furnishes a missing link in the supply of the wants of modern civilisation. In that institution there are 60 women in training, in 14 wards of the Hospital. Each year from 20 to 30 nurses graduate, and find instant and constant employment.[26]

This same report states that, "all elements necessary" to the founding of a "Training House for the Instruction in Nursing the Sick" where Christian women may be prepared to nurse the sick in "charitable and *penal* (italics ours) institutions of the city and among the poor in their abodes, and in cases of contagious diseases or in times of pestilence" are contained within the present hospital "except the room for it." And makes an earnest plea for a "new Hospital."[26]

An interesting detail to be noted in

[23] Nineteenth Report, 1871, p. 33.

[24] The Sisters of St. John the Evangelist were originally organized as the Deaconesses of Long Island. See Potter, *op. cit.*, pp. 238-239; also Twenty-first Annual Report, 1873, p. 11.

[25] The yellow fever epidemics.

[26] Twenty-seventh Annual Report, 1879, p. 22.

[26] *Ibid.*, p. 21.

connection with all of these early hospitals is that one of their principal objectives has been the training of the nurse. Their motives vary, but they all wish to train *Christian nurses*; and this fact certainly confirms the frequently made statements relative to the depravity of the persons who acted as "hired nurses" in the days preceding Florence Nightingale.

Nearly half a century passed, however, before the school of nursing was established. In 1896 the Annual report states that, "The Order of Trained Nurses of St. John's Hospital" is about to be started; that it will "be started on a liberal plan, with a long and thorough course of instruction, and as short hours of daily work in the ward as can be arranged for. It will also endeavor to do something, even though in a small way, toward solving *the most difficult problem that confronts the nursing profession, namely, that of making the services of trained nurses available for persons of small means.*" (Italics ours).[27]

This report contains a report of the Standing Committee on St. John's Hospital which states: "The Committee is about to establish an Order of Trained Nurses, so that in course of time the nursing of the Hospital will be done exclusively by young women instructed in the methods that commend themselves to our own excellent staff of physicians; and also, we hope, filled with the true spirit of Christian philanthropy, so that when they go out from us they will be a blessing to the community at large. To this project the Rector and Sister Catherine[28] are giving much time and thought."[29]

The following year, 1896, the "Training School" was opened with Grace C. Barnhardt of the Massachusetts General Hospital as Superintendent of Nurses and the Sisters withdrew from the nursing work. They still continue at the Hospital in charge of the Social Service Department, and also have charge of the spiritual welfare of the patients.

The Sisterhood of the Holy Child Jesus was founded in 1873, by Bishop William Croswell Doane, First Bishop of Albany. These Sisters have charge of The Child's Hospital at Albany, N. Y. They train nurses for the care of sick children but do not have any affiliation with a hospital giving adult care, consequently their students may not become registered nurses.

By way of making at least a record of their existence, the following Communities of Sisters who appear to have done nursing are here listed. The items have been taken from the *Living Church Annual*,[30] the dates used being the first date when the Community was mentioned, and the last date when mention of it was made. These bare items represent all of the data which could be found concerning any and all of them at the present time. The Communities are:

1. The Sisterhood of the Good Shepherd, New York, and later Asbury Park, N. J. Listed as having charge of Christ Hospital, Jersey City, N. J., 1882–1889. Sister Ellen,

[27] Forty-fourth Annual Report, 1896, p. 15. This report also records the fact that the hospital has been wired for electricity and states that this will be of great benefit because it does not consume oxygen as does gas.

[28] The present Mother Superior of the Community, Sister Catherine, was in charge of the Hospital nursing for years and has seen the development of many of our present-day technics from very crude practices to the finished thing of the moment. She, while not any longer in active nursing work, is keenly interested in nursing education and watches it day by day.

[29] Forty-fourth Report, p. 28.

[30] An inclusive title covering all those almanacs and annuals which were finally included in the Living Church Annual, *e.g.*, The Protestant Episcopal Almanac, 1854–1874; Living Church Annual, 1882–1885; Living Church Quarterly, 1885–1889.

MOTHER HARRIET
Reverend Foundress and First Superior of the Sisters of St. Mary

Superior, later, Sister Adelia, Superior. This same order in charge of the Good Shepherd Hospital, Nashville, Tenn., 1889–1898.[a]

2. Sisterhood of St. Elisabeth, Sister Sylvia, Superior. In charge of the Hospital for Women and Children, Orange, N. J., 1882–1885.

3. Sisterhood of the Holy Cross, founded in 1885. Is under the direction of the Bishop of Missouri. In charge of All Saints' Hospital, Kansas City, 1885–1894. Primarily a teaching order.

4. The Community of the Holy Name, organized in 1884, for visiting nursing among the poor of the Parish of the Good Shepherd in Boston, Mass. This Order was transferred from Massachusetts to Texas, and was in charge of the Railway Hospital, Tyler, Texas, from 1889–1890.

5. The Society of Sisters of Consolation—this group is said to have had for its object the nursing of the sick and the training of nurses. All of the Sisters must have been R.N.'s on admission, or be trained for such while in the novitiate. No vows were required but could be taken if the Sister so desired. They are recorded as having had charge of St. Barnabas' Hospital, Salina, Kansas, from 1917–1922.

6. The Community of All Angels, incorporated in 1895, is listed as having charge of St. Michael's Hospital for Babies, 1898.

7. The Community of All Angels (nothing to indicate that the two are the same), doing visiting nursing among the poor in Selina, Alabama, 1902.

No record of any of these groups appears in the current issue of the Living Church Annual nor in the latest edition of Cameron's Directory of the Religious Communities of Men and Women and of Deaconess Communities and Institutions in the Anglican Church, 1924.

In contradistinction to the groups of nursing Sisters, already discussed, are the Communities of St. Mary and of St. Margaret. The former was the first Sisterhood in the Episcopal Church of the United States of America to become a religious community in respect to taking vows and retiring from the world; the latter is an American Foundation of an important English Order, St. Margaret's, East Grinstead, England.

These two Communities have made signal contributions to nursing; to student nurse education; and to the advancement of the nursing profession. St. Mary's continues in the field.

As stated in the opening paragraph of this paper, the first Anglican Sisters[a] to undertake hospital nursing in the United States have been the Sisters of St. Mary.

This Order, founded in New York City, by Harriet Starr Cannon (Mother Harriet), became the first religious

[a] Wilson's Centennial History of the Diocese of New York, states that the Sisterhood of the Good Shepherd was founded in St. Ann's Church, New York, April 6, 1869; that it had for its object "to minister to the poor, the sick, the homeless and the outcast, and to care for little children."pp. 442–443.

[a] In the strict monastic sense of the term.

community of women to be established in the United States when, on February 2, 1865, five devout women were publicly professed as Sisters by Bishop Potter of New York, and received as the "first members of a society for the performance of all spiritual and corporeal works of mercy that Christians can perform, and for the quest of a higher life in perfect consecration of body, soul, and spirit to our Lord."[32] Especially mentioned in the work of the Sisters are "the care of the sick and the education of the young."

An act of incorporation was obtained from the Legislature of the State of New York, and bears date in May, 1865; it was granted soon after the founding of the new Community.[34]

Early in September of the same year, an election was held, at which Sister Harriet was chosen, by the unanimous vote of her companions, to be Mother Superior; an office to which she was repeatedly reëlected, and which she held until the day of her death, Easter Sunday, 1896.[35]

The first nursing work of the Sisters was in what is now a very highly specialized field; namely, venereal disease control. During the period in which they were preparing themselves to become a religious community, that is, from the time of leaving St. Luke's Hospital until the time of their profession, the Sisters were in charge of the House of Mercy, which stood at the foot of 86th Street on what is now Riverside Drive, a home for delinquent girls and women. Here the Sisters were called upon to nurse practically every inmate, because practically every inmate was a sex offender, and every sex offender of those days was almost sure to be infected with one or the other or both of the venereal diseases.[36] And the Sisters nursed these women without the aids and conveniences of present-day nursing apparatus, aseptic technic, or even modern plumbing. They were nurses, psychologists, social workers, administrators, and housekeepers—and for this service, "the sum allowed to each of them for their support, from the common fund, was only eight cents per diem."[37] It must be borne in mind that the time is 1863, and the Civil War is at its height, as is the cost of living.

However difficult and distasteful were the duties at the House of Mercy in those early days, they nevertheless were minor as compared with many of the other trials they were later called upon to bear. Looking back more than sixty-five years it is difficult to describe, in terms that would sound reasonable, the tribulations which beset this young Community. War, poverty, and class hatred in the civil life about them; prejudice and suspicion, against anything that suggested Rome, in the minds of many people of their own Faith—cleric as well as lay—made life unpleasant, most difficult, and even dangerous. But with a courage born of a desire to serve God through ministering to others in distress or disgrace, and with no thought of self the little group began the work to which they had dedicated their lives.[38]

On September 29, 1870, the first hospital was opened "at the earnest request of a few physicians who felt the need for a Hospital where the sick

[32] Dix, Morgan, *op. cit.*, p. 41.
[34] *Ibid.*, p. 46.
[35] *Ibid.*

[36] Indeed the House of Mercy is constantly referred to as having accommodations for "75 patients," and later for "90 patients," and never is the term "inmates" used.
[37] Dix, Morgan, *op. cit.*, p. 32.
[38] In common with other religious communities of the same type, the Sisters early engaged in teaching "so that the academy might support the sick and the orphan."

children of the poor could be treated free of charge, where such would not be refused because there was no 'free' bed unoccupied, where the fact that its poor home was out of the city, or in it, its parents Hebrew or Roman Catholic, would have no weight. . . ."[39]

This hospital was what might be called a "Gift of Faith." When the Sisters were undergoing such acute persecution in those early days following their profession, a group of men and women, calling themselves "The Friends of the Sisters of St. Mary" rallied to their support and assisted them in opening the hospital that they might carry on that phase of the work to which they had dedicated their lives, namely, the care of the sick.

"A very modest beginning was made; a house 12½ feet wide was rented at 206 West 40th Street, and the work was begun."[40] It had fifteen beds. Out of this has grown an institution with a capacity of 134 beds, which, in 1928, gave 38,819 hospital days' service to 2,311 children, of whom 1,395 were discharged cured and 639 improved.[41]

Early the Sisters had the vision of utilizing the medical and nursing facilities of the hospital for the training and education of nurses to care for the many persons, adult as well as children, who could not or should not be sent into a hospital. "As soon as it is practicable, there will be connected with this a training school for pious women willing to visit and *nurse* (italics ours) the sick, whether rich or poor, outside, in their own dwellings. . . ."[42]

There is no specific record that this project was carried out as here planned; and while the School of Nursing, as now conducted, was not opened until 1900, there is evidence that formal classes for the instruction of the Sister nurses and their helpers were held from the very beginning. These were conducted by the visiting and attending staff men and by the older and more experienced Sisters. Home nursing was done from the hospital as the necessity arose.

By May, 1873, the hospital had "moved into its own house," 407 West 34th Street; but even though the "Friends" were active and eager to help, the Sisters suffered many privations, disappointments and financial distress. They were so crowded, so pressed for space that "the same room did duty as a work room in the morning, operating room in the afternoon, sitting room for the Sisters in the evening, sleeping room at night, while even a closet opening from it was also used as a bedroom."[43] [For a Sister, of course.]

The report of the Medical Staff for 1876, states:

> Being the only general hospital devoted to children; it covers ground occupied by no other institution in the city . . . other hospitals having only a single ward or giving ambulatory treatment.
>
> It is a distinctive feature of the Hospital that the immediate care and supervision of all of its arrangements is undertaken by Sisters, who have given themselves to this work, and who bring to it knowledge and experience, and to them great credit is due for their faithful, untiring care, by day and night, of those committed to their care.[44]

By 1880 plans had been made for a new hospital, which included plans for a dispensary. Eight years later, the Sisters opened a convalescent hospital, the Noyes Memorial, at Peekskill, where they took not only

[39] "Historical Sketch of St. Mary's Free Hospital for Children. (In the Seventeenth Annual Report, 1886.)
[40] Dix, Morgan, *op. cit.*, p. 60.
[41] Fifty-ninth Annual Report, 1928, p. 8.
[42] Annual Statement of the Friends of the Sisters of St. Mary, 1871, p. 4.
[43] "Historical Sketch," *op. cit.*, p. 6.
[44] Seventh Annual Report, 1876, p. 9–10.

convalescent children but also homeless children suffering from chronic ailments; thus they inaugurated one of the first hospital schools.

The year 1899 finds them "providing clinical instruction for medical students"; and the following, opening their School of Nursing, which was given full registration in 1907, by the Board of Regents of the State of New York. A modern fireproof residence was constructed and equipped in 1921. This is an exclusive home, large, light, and airy, with all modern conveniences and actual comforts. Each nurse is provided with a single room, with hot and cold running water. There are study rooms, library, and there are kitchenette, laundry, and commodious bathing facilities on every floor.

In 1893 the dispensary had outgrown its quarters and a new building had to be found to house it. Aside from the fact that the space was becoming too small to accommodate the treatment and research needs of the dispensary, a separate building for it had been contemplated, according to the report of the preceeding year, 1892, for the reason that "the subtle means by which disease is conveyed render it undesirable that the Dispensary, . . . should have a place under the Hospital roof." This report further states that "when the Dispensary is moved to its new and permanent quarters, many additions to its equipment will be needed to render its work as thorough and precise as is desired. Special mention may be made, in this connection, of a microscope, and an apparatus for the application of plaster-of-Paris jackets in the case of spinal diseases." This is a typical example of the progressiveness of the Sisters. To read the reports of the expense accounts is to read the history of the development of facilities for the care and treatment of children's diseases.

The "Wilkes Dispensary," finally housed in a building of its own has again outgrown its quarters. The report of 1928 records the fact that 10,951 children had been treated during the year. From this clinic, 1,100 visiting-nurse calls were made. The first visiting nurse was put on the Dispensary Staff in 1900.

Meanwhile, the Order entered upon another hospital venture; this one including the care of adult patients, men and women. In 1873, the Vestry of Trinity Church decided to turn the old rectory, at 50 Varick Street, into an infirmary or Parish Hospital. The Pastor, Dr. Dix, appealed to Mother Harriet to give him Sisters for the work.

Mother Harriet, although of the opinion that parish work was not the work of the Sisters of St. Mary, consented to organize the hospital and train a nursing staff. Mother Harriet was a nurse, and could never resist an opportunity to minister to the sick (or to do a good piece of preventive work). Many beautiful anecdotes on record in the Community Archives, and in printed material elsewhere, tell of Mother's love for the sick, usually patients with communicable diseases. The very day of her profession as a Sister of St. Mary, she was nursing a little child whom she left only long enough to go to church, for the most important event of her whole life, and to whom she returned the moment the service was ended. So Mother sent Sister Eleanor, Sister Helen and Sister Ruth, to open the new hospital. Sister Ruth died a martyr to charity in the Yellow Fever epidemic of 1878.

The Sisters took charge, April 22, 1874, and remained until 1899, when they withdrew because of the

When St. Mary's Hospital, New York City, First Opened, 1883

demands of their own Missions for Sisters. The annals of Trinity Church tell the story of the twenty-five years which they gave to that parish.

On Wednesday, April 22, 1874, the building, No. 50 Varick Street, which had been upwards of half a century the Rectory of the Parish was formally opened as an Infirmary for our sick poor. Very considerable expenses were incurred in altering, fitting up and furnishing the house, as to render it in all respects adapted to its present charitable use. The care of the Institution has been intrusted to a Committee of the Vestry of Trinity Church; the work of *nursing and housekeeping* (italics ours) is performed by the members of the Sisterhood of St. Mary, of the Diocese of New York, whose services in the House of Mercy and the Free Hospital for Children, and during the Yellow Fever Epidemic in Memphis in the fall of 1873,[45] are so well known. . . .[46]

The Infirmary was intended for the sick poor belonging to Trinity. No contagious, obstetric, or chronic cases were to be admitted. The convalescent patients were "expected and required to share in the labor incident to the management of the Institution."[47]

By 1876, 118 patients had been cared for at an annual cost of $7,200. The report of that year states that the Committee is grateful for "the invaluable services of Sister Eleanor, and the other Ladies of the Sisterhood of St. Mary, which have been rendered freely during the past year, in superintending the Infirmary and nursing the sick. Visits are also made to the sick poor in their own homes."[48]

An increase, by eighteen, in the number of in-patients, and a decided increase in the number of home visits is the report of the next year. The Sisters, who controlled the home visiting, made it include all of the sick poor who needed it. Besides diet, bedding and nursing supplies of various kinds, the Sisters put up and carried to these home cases six hundred prescriptions,[49] and the following year,[50] nine hundred.

An interesting item in the report of 1878 is that the children came from St. Mary's (Hospital) for a picnic—"it is touching to see the delight of the little ones, even those who could only lie under the trees and watch the rest."[51]

By 1879 "one Sister's whole time is being given to outside visiting."[52] Two years later, 1881, the Infirmary had to be closed for a short period to make more room. "We regard it a very good advantage to have the bath rooms, closets, etc., separated from the wards. . . ." The report of the following year states that "The alterations have now been completed and prove very satisfactory; they have greatly increased the comfort of the inmates and have added very much to the sanitary condition of the hospital, as well as increased the number of beds."[53]

Meanwhile the outside nursing work grew until it became necessary to fix a definite boundary; this was done and the district "limited . . . to that part of the city below Chambers

[45] The work of the various Sisterhoods in the various and several epidemics will appear in a subsequent issue of the *Journal*.

[46] Trinity Parish Year Book, 1874, p. 46.

[47] From the Rules, promulgated by the Committee for the Infirmary, *Ibid.*, p. 47.

[48] *Ibid.*, p. 48.

[49] *Ibid.*, p. 41. [50] *Ibid.*, p. 48.

[51] *Ibid.* [52] *Ibid.* [53] *Ibid.*

Street, east and west." It was felt that by doing this that it would not only facilitate travel, but that the Sisters and Doctors would get to know the people and thus not be put upon by impostors or other unworthies.[54] The hospital work likewise increased, so that it became necessary to employ lay nurses, graduates, to help the Sisters. In 1885, the name was changed to Trinity Hospital. In 1889 the annual appropriation to the Hospital was increased to $8,500. Later, an ambulance was provided, Trinity being the only downtown hospital at the time. An apothecary was added to Sister Eleanor's staff in 1893—and it was time—the prescriptions for the sick poor of Trinity, St. Paul's and St. John's, literally amounting to thousands.

During all of this time the Sisters also had charge of the Trinity Mission House, first on State Street, and later on Fulton Street. This was a combination of settlement house, orphanage, day nursery, school, and neighborhood house. Among the interesting things recorded as being done here by the Sisters are the classes in "home care of the sick"; these included keeping the patient and the sickroom clean, sick diet making, utilizing and improvising sickroom apparatus and caring for it, and keeping track of the patient's condition between the doctor's visits.

Here was taught also a kind of prenatal work—true it had to do only with preparation for delivery, but it was a start. There were home-making classes, and lessons for the neighborhood mothers in how to manage their children—child guidance, so to speak. A dispensary for women and girls was also conducted here.

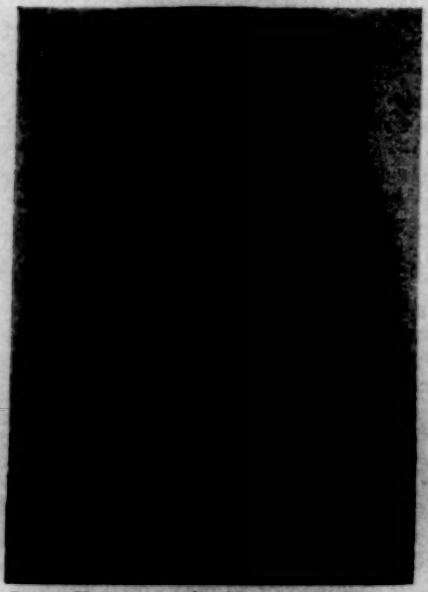
When the Sisters of St. Mary withdrew, they turned the work over to the Sisters of St. Margaret.

Enough has been said to indicate to what extent the Sisters of St. Mary have contributed to the nursing history of the past; and the excellent School of Nursing, which the Order maintains in connection with St. Mary's Free Hospital for Children, will take care of the future. Many of the Sisters are nurses and all who are nurses are registered, but a great deal of the actual nursing at the present time is done by secular graduates. The Sisters are in full administrative control.

The Sisters of St. Mary have not taken public part in nursing affairs because their religious Rule does not permit them to do so. But this does not mean that they have not been interested nor that they have not helped in the development of the profession, for they have, and in a very effective way—through the education of carefully selected students, whom they have inspired, taught, and counselled for more than a quarter of a century. This is an outright gift to the profession, because the Sisters of St. Mary own, as well as operate, the hospitals under their control. In this respect they are unique among the group under discussion in this paper.

In November, 1871, Mother Alice, Superior of the Sisters of St. Margaret, East Grinstead, England, started for America with Sister Theresa, who was to take over the work of superintendent of the Children's Hospital in Boston. The coming of Sister Theresa was in answer to an invitation extended to the Community by the Board of Managers whose desire it was to have the Children's Hospital administered and nursed by Sisters after the manner of the then recently developed Children's Hospital,

[54] From the Rules, promulgated by the Committee for the Infirmary, *Ibid.*, p. 42.



SISTER THERESA OF ST. MARGARET'S SISTERHOOD
First Superintendent, Children's Hospital, Boston, Mass. (1872–1888)

Washington, D. C., which was in the care of the Sisterhood of St. John.[55]

St. Margaret's Sisterhood was founded in 1855, by John Mason Neale, one of the great leaders in the Catholic revival in the Church of England. They were founded, as most of the religious orders which preceded them had been, for "the sick, the poor, the fallen, and the unbelieving," but principally, we feel, for the sick, for we find Dr. Neale taking steps to "ascertain which hospital would give the requisite training in nursing. . . ." Having obtained admission for his probationers at Westminster, and lodgings for them at St. John's House, he wrote to Mr. Sidney Herbert, who gave him a list of likely probationers from those who had applied to go to the war in the Crimea.

The beginning was very small, and till 1855 the Sisters did not live in community. But in less than a decade and a half they had flourished to the degree that they were able to answer the call from America. Miss Ann Gream became the first Mother Superior.[56]

The phenomenal growth of the Sisters of St. Margaret's parallels that of most of the religious orders founded in England in the same period. The need alone for a high grade nursing service, for rich and poor, was everywhere present and pressing, and, according to Cameron and other observers, accounts in part for the growth of the Sisterhoods. He says: "One of the main causes that enabled Sisterhoods to make their way steadily and surely in the Church was the terrible need that existed for the ministry of devoted women in hospitals, which it was thought could be supplied through organised religious Communities."[57]

Even those who were almost unalterably opposed to the introduction of any type of Sisterhood into the Church of England weakened when it came to the issue of providing skilled care for the sick, and many Churchmen expressed themselves on this point very much after the manner of the Bishop of London in his letter to Bishop Potter:[58]

> I do not hold so strongly as many that the organization of women into Sisterhoods is important to increase the efficiency of their work. In my experience, I have seen all parochial work done as well by District Visitors, as by Sisters: and indeed some of it, most remarkable work . . . have been done by individuals. For hospital nursing and

[55] Archives of the Community, Boston, Mass.

[56] Historical sketch taken from Cameron's "Religious Communities of the Church of England," pp. 69–74.

[57] *Ibid.*, p. 14.

[58] At that time Pastor of Grace Church, New York.

the like there must be a Sisterhood or Association, because *training* is necessary for preparing for the work, and system in the discharge of it."[59]

Sister Theresa came to Boston admirably fitted for the work which she was to undertake, having been trained in Westminster and in the Children's Hospital in Great Ormond Street. She came to stay for one year; her Community remained for forty-five. Sister was twice the Superintendent of Children's Hospital, 1872–1877, and from 1879–1888.

In 1873 two more Sisters came. They were Mother Louisa, the first Superior of the American Foundation, and Sister Jesse. These three Sisters and two American women, who had joined Sister Theresa, became the nucleus of the American Branch.

At first the entire attention of the Community, except that which was devoted to the development of the Order, was centered in the work at Children's Hospital. The English Sisters were trained nurses, but the American Sisters had to be trained, and so an arrangement was made with the Boston City Hospital to give this training, an arrangement which obtained until St. Margaret's Infirmary was well enough organised and staffed to assume the task.

St. Margaret's Infirmary, the second nursing development of the Sisters, and the first private hospital in Boston, was opened October 1, 1877, in the Convent at 17 Bowdoin Street, where two rooms were set apart as an infirmary in response to many requests from doctors that patients should be received by the Sisters. "This was the beginning of the Infirmary work afterwards carried on in Louisburg Square (where the Sisters moved in 1881) on such a large scale. Two ladies came at once to be under

[59] Potter, H. C., *op. cit.*, p. 36.

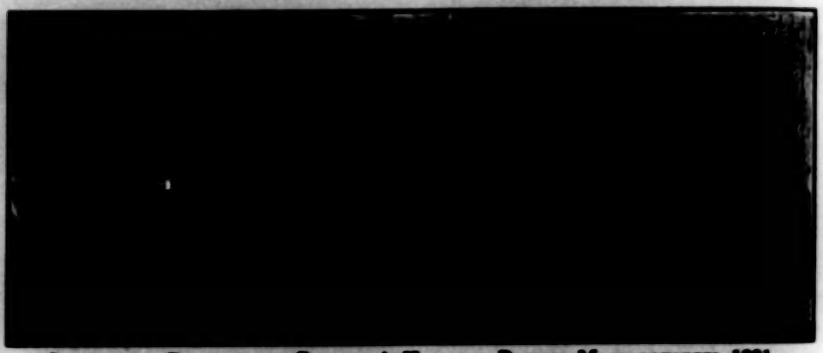
Mother Louisa, First Superior, American Foundation of Sisters of St. Margaret

the Sisters' care, and the Infirmary rooms were seldom empty from that time on."[60]

After the Infirmary was moved to Louisburg Square, regularly organised nursing classes were held for the further training of young Sisters and for a time, after the opening of the School of Nursing for lay nurses, for student nurses. The nursing methods and technics in this hospital were always excellent and strictly up to date.

In 1881 the Sisters assumed charge of the Hospital of St. Barnabas in Newark, N. J. Here, as in the other hospitals under their control, the Sisters did all of the nursing for many years. Under their care the hospital grew from a few beds to a large and up-to-date plant, with a bed capacity of 136; and the nursing service from the casual and untrained assistance which was being given by "one kind woman helper, an obliging and efficient colored man, who acted as

[60] Archives of the Community, Boston, Mass.



Out-Patient Department, Children's Hospital, Boston, Massachusetts, 1891
(From *Frank Leslie's Illustrated Newspaper*)

orderly and general assistant, and a cook," to one of the best, if not the best, school of nursing in the State of New Jersey.

Nursing, trained, intelligent care of the sick, has been the aim of the Sisters of St. Margaret during their active participation in hospital work.

What is a hospital? The word calls up the Latin, Hospes, a guest, hospitality, but often the guests are smothered under the administration. Buildings, departments necessitating systems, offices, will all be shown to the visitor, but they are only a means toward an end. If you want to see a hospital, ask to see the wards first, and you can judge by their expression and appearance the standing of the administration. If you see the nurse sitting at a table working over elaborate charts, while the patients are suffering for attention, the nurse with no time to do what might lower the temperatures, because she is occupied recording them neatly on the chart, then you have found a hospital where the machinery is superseding the guests.[a]

The educational objective of the Sisters has been the utilization of knowledge and skill for the care, comfort, and cure of the sick. All of their efforts have been directed toward this goal. The soundness of the educational program of the School of Nursing, and the excellence of the nursing service of the Children's Hospital are evidence of this fact.

The great contribution of the Sisters of St. Margaret to student education was made at the Children's Hospital. The School of Nursing was officially opened in 1891 (but students' applications are on file which bear date 1884). Writing of this school, in 1912, Miss Dock says:

The training school for nurses is established on a solid educational basis, providing a scientific and practical course of instruction for three or more years, and is recognized throughout the country as one of the select group whose methods and standards are unquestioned. A high-school diploma is required of each applicant, with the added requirement of four months of academic work at Simmons College successfully completed before they are formally enrolled pupils. The course includes a compulsory four months of adult nursing at the Massachusetts General,[c] with three months of private nursing under instruction at Corey Hill[c] and six months at the Lying-In[c] as elective courses. The academic work ranges from the preparatory instruction in anatomy, chemistry, and materia medica, through advanced lectures and clinics on special subjects, and the practical work keeps pace through every department of expert nursing and executive work.[d]

[a] *St. Margaret's Quarterly*, Vol. 2, April, 1921, p. 12-13.

[c] Now at the Peter Bent Brigham Hospital.
[c] No longer done.
[c] Training in obstetrics still being given at the Lying-In, but now as a required subject.
[d] Dock, L. L., Ed., "A History of Nursing," Vol. 3, pp. 191-192.

When the School was first organised, Sister Caroline did all of the teaching herself, the formal lectures being given by the respective staff men. There was, however, a printed schedule of these lectures and classes, and none were given after 5 o'clock, p.m. There is, at the Children's Hospital, a complete syllabus of these lectures, classes, and demonstrations.

In 1896, a Training School Committee was formed with sub-committees giving special attention to such important matters as "Courses of Study," "New Buildings," "Other Training Schools," and "General Education and Physical Training."

Three years later, February 25, 1899, a meeting was called by the Training School Committee, to consider the formation of a Training School Faculty. It was proposed that the President of the Faculty be Sister Caroline, then Superintendent of the Hospital, and that the Secretary be the Superintendent of the Training School. The faculty was formed and the two Sisters appointed President and Secretary respectively; this arrangement continued in force for several years.

In 1898 the eight-hour day was established; in 1900 the hospital discontinued giving payment to students, and the following year established the policy of the students paying for their tuition—$100, and later this was increased to $150.

More and more the school assumed the proportions of a professional school. Classes were properly divided, theory and practice more carefully correlated and a scholastic standard set and maintained. Special classes, conducted by a specially trained instructor were held to teach preliminary nursing subjects, as early as 1903.

In 1901 Sister Susanna, the present Mother Superior of the Community, was appointed Superintendent of the School and Sister Amy, her assistant. For some time they had been convinced that the student nurse required a better grounding in the basic sciences than it was possible to give with the limited facilities which the hospital possessed. They began casting about for a suitable affiliation to supplement the hospital teaching. Among those with whom they discussed their problem was President Lefavour of Simmons College. In talking the matter over, they found that Dr. Lefavour had already given the matter thought and was quite ready to entertain a proposition for coöperation between the two institutions. A satisfactory arrangement was made, and the first students entered Simmons College, September 19, 1904.

In his report of 1903–1904, President Lefavour sets forth the manner in which the affiliation was made:

> The more progressive training schools of nursing have for some time agreed that the scientific education of their students was not adequate, and that the nurses needed a broader preparation, if they were to do their work intelligently and efficiently. In most of these schools the instruction in science consists of a small number of lectures, given generally by the physicians who volunteer their services, and these are attended by students after a fatiguing period of clinical service and there is ordinarily little time for the proper study and recitation. Yet the hospitals that maintain these schools are unable to do more, since to secure proper instructors or to relieve the students from their duties in the hospital would entail a larger expense than their meager funds would warrant. We had already outlined a program of studies which a candidate for a training school might pursue with very great advantage; and the hospitals had generally agreed that a candidate having such a preparation would be exempt from hospital lectures in science, and would thus gain more time for recreation and rest and at the same time be better prepared for her profession. It is

possible that a few will avail themselves of this course the coming year. As long, however, as such a preparation is not required, the candidates will naturally seek to enter the hospital directly. *It was therefore with pleasure that we received from the Children's Hospital a proposition for cooperation as the basis of an experiment, and the plan adopted was afterwards accepted by the Massachusetts General Hospital.*[66]

After two years' trial (1905–1907) the work at Simmons College had definitely proven itself to be of value. The tuition fee of one hundred dollars which included the course at Simmons College was increased fifty dollars at the beginning of the second and third years, making the total fee two hundred dollars. These fees were distinctly tuition fees and were used to pay the instructors in the various departments.[67]

In 1908 the School was registered in full with the Board of Regents of New York State. Additional experience was given to Senior nurses in hospital and training school administration. The following, the educational advantages were increased by the arrangement of a six months' course of instruction in medical social service at the Massachusetts General Hospital, the first attempt in this country to give pupil nurses instruction in this special subject.[68]

During 1913 the tuition fee was increased to three hundred dollars. This was made necessary because of the increased amount of teaching and the increase in the number of pupils in the school.

A great loss was sustained by the school, during this year, in that Sister Amy, because of ill health, was obliged to give up her work as the head of the school.[69]

Sister Amy was distinctly a leader in the nursing profession. It was due to her efforts and to the generous support which she received from her Sister associates and her beloved Superior, Mother Susanna, that made it possible for Miss Dock to write of the Children's Hospital: "Besides its admittedly model character as a training school, the Children's of Boston exerts a salutary influence in general nursing affairs. The Sisters are public-spirited, and Sister Amy, the superintendent of nurses, in 1911, is a leader in educational matters."[70]

A touching tribute paid Sister Amy by Dr. Lucas makes every nurse glow with pride:

> One of the greatest educators of pediatric nurses in this country was for years the Superintendent of Nurses of the Children's Hospital in Boston, Sister Amy, of an Episcopal order, the Sisterhood of St. Margaret, whose fine spirit permeated every detail of a most vigorous training and who taught many an interne more about the diseases of children than he would ever have learned without her, and one of those fortunate internes would like to acknowledge his debt to Sister Amy, here.[71]

The League Calendar for 1923, March, has a short sketch of Sister Amy's professional life. It does not tell that she was the first, and for a time the only, nurse religious member of the League, joining it back in the days when it was the American Society of Superintendents of Training Schools for Nurses. Neither does it tell of the vast amount of work which she did as a committee member from time to time, nor the fact that, so far as her religious life permitted her, she influenced thought with respect to student education by participating

[66] Report of the President, Simmons College, 1903–1904, pp. 20-21.

[67] Goostray, Stella, History of the School of Nursing, Children's Hospital, Boston. (Unpublished manuscript.)

[68] *Ibid.*

[69] *Ibid.*

[70] Dock, L. L., *op.cit* p. 192.

[71] Lucas, W. P., M.D., "Children's Diseases for Nurses," p. 13.

in the general discussions at conventions, when often she was the only religious present.

The Sisters did visiting nursing in Boston in the days before the Instructive District Nursing Society was organized. They did medical social service before it was formally introduced into the hospitals of Boston.

One of the first Sisters went to help the Sisters of St. Mary, in the Memphis epidemic—Sister Clare. Sister Constance, of St. Mary's, writing to Mother Harriet tells her, "I am glad to have the East Grinstead Sister. They are trained nurses and she will be invaluable."[72]

The Sisters left the Children's Hospital in 1917. The Board of Managers received their decision with the deepest regret and at their annual meeting, that year, resolved:

> To accept with deepest regret the resignation of Sister Caroline, S.S.M., as Superintendent of the Children's Hospital. In accepting this resignation, the Managers desire to express their unbounded gratitude to her and those Sisters of St. Margaret who almost since the beginning of the Hospital have given it their devoted and invaluable aid. It is to the members of that Sisterhood to whom the administration of the Hospital has been intrusted that its success has been largely due, and in recognition of their services, it is proposed by the Managers to place a suitable tablet on the walls of the Hospital.[73]

The tablet has been placed in the lobby of the hospital that all who pass shall know that it is "In grateful recognition of loving service through forty-five years, A.D. 1872–1917, the Managers of the Children's Hospital erect this tablet to honour the Sisters of St. Margaret."

[72] "The Sisters of St. Mary at Memphis: With the Acts and Sufferings of the Priests and Others Who Were With Them," p. 18. (Printed but not published, 1879.)

[73] Forty-ninth Annual Report, 1917, p. 9.

A Correction.—The *Journal* regrets that in the November issue, page 1333, the picture of the Church Infirmary was credited to "Collins' Historical Sketch" instead of to the "Historical Sketch" by Dr. T. S. Cullen.

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An Adventurous Woman

TO that large and constantly increasing number of women seeking professional careers, the announcement by *Pictorial Review* that the winner of its annual Achievement Award of $5,000 for the year 1928 is Dr. Florence Rena Sabin, fellow of Johns Hopkins University, and member of the staff of the Rockefeller Institute for Medical Research, will prove encouraging. Dr. Sabin has received it for her splendid contributions to medical science, which include a complete study of the nerve centers; the discovery of the origin and processes of the lymphatic system; the discovery of the development and processes of the blood cell; the discovery of the functions of the monocyte, that white blood cell which bears so directly upon the study of the tubercular germ and its effect on the human system. These discoveries were made by Dr. Sabin in her own original research. Working with her associates, she has also had much to do with the analysis of the tubercular germ and with the research work that is going forward towards a complete cure for this destroyer of the human tissues.

But what is most interesting to the women of today is that Dr. Sabin, by her genius and her concentration to her high purpose, has made it easier for all women who wish to enter the field of science with the hope that they too, may some day reach the apex of achievement. It is an established truth that a way once hewn is easier for those who would follow after. Where one has been it is easier for others to venture, and Dr. Sabin's career has been a series of first adventures for women.

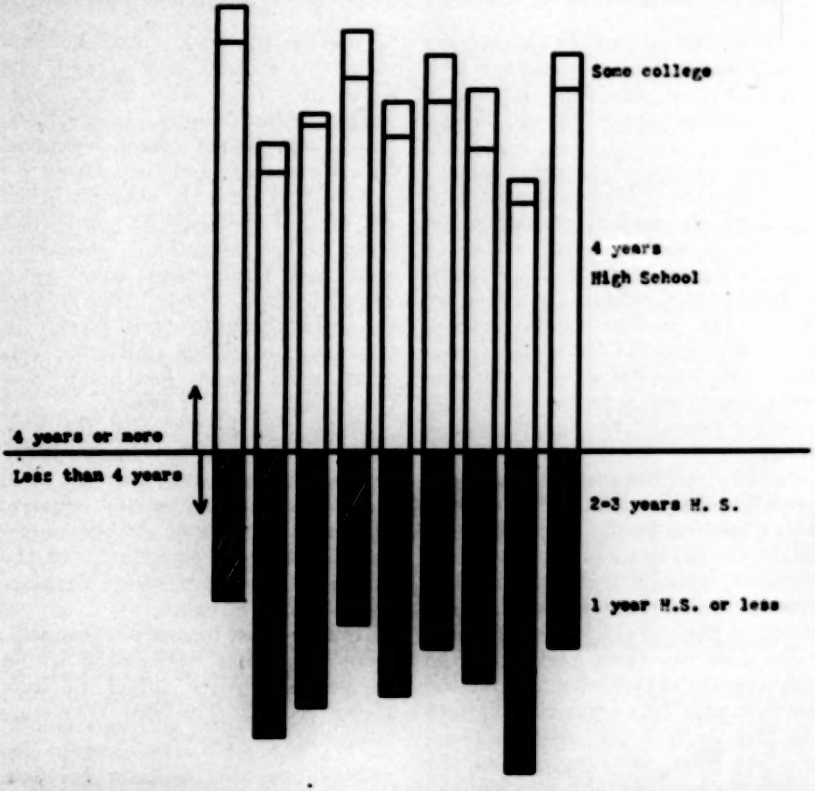
She was the first woman to be admitted and to graduate from the Medical School of Johns Hopkins. She was the first woman to be admitted as an interne in the Johns Hopkins Hospital, the first woman to be a member of its staff, the first woman to be a member of the teaching staff of Johns Hopkins Medical University, where she was professor of histology. She was the first American woman to be admitted to European research laboratories, working side by side with men in Italy and in the laboratories of Leipsig and Heidelberg. She was the first and is yet, today, the only woman to be made a member of our National Academy of Science, and was also the first woman to become a member of the Rockefeller Institute for Medical Research.

By the steady, quiet force of her ability for original work, her consecration to that work, she has won her way to a position in the world of science second to few men. Dr. Simon Flexner, president of the Rockefeller Institute, declares her to be the greatest living woman scientist and one of the foremost scientists of all time.

Education—First Findings

THE Grading Committee has worked all summer and all through the fall at top speed, but it is only recently that the work has reached that stage where there were any results which could be published. Now comes a first partial report on a subject essential to grading—the education of the students.

The Grading Committee has talked about educational standards among nurses many times, but until this issue of the *American Journal of Nursing* all published figures have related to graduate nurses already in the field. It has sometimes been said "But those figures represent what we were doing several years ago. Today conditions are much improved." One of the leading superintendents of hospitals recently added "The modern school of nursing requires four years of high school for all applicants as a matter of course."



The Grading Committee has just finished tabulating records of students in the nine states on the Atlantic Coast, from Maine through Pennsylvania. The diagram accompanying this article shows the results.

All of these students, or nearly all of them, have entered training since

PER CENT OF STUDENT NURSES IN EACH OF NINE STATES WHO HAVE HAD EACH SPECIFIED AMOUNT OF EDUCATION

Education	*Me.*	*N. H.*	*Vt.*	*Mass.*	*R. I.*	*Conn.*	*N. Y.*	*N. J.*	*Penn.*
1 yr. high school or less	2	14	14	7	7	10	10	17	9
2 to 3 yrs. high school	23	34	29	22	34	23	29	37	24
4 yrs. high school	69	47	55	63	53	59	51	42	61
Some college	6	5	2	8	6	8	10	4	6
Total	100	100	100	100	100	100	100	100	100

the Grading Committee started its first studies. Except for the few who have been graduated since the 12th of May, these students are still in our schools.

In the diagram there is one column for each state. The columns are of equal length, each representing 100 per cent of all the student nurses in that state, so far as they are represented in the Grading Committee reports. The portion of the column which is above the heavy horizontal line shows what per cent of the students have had four years of high school or more. The small portion at the very top of the column shows how many of these have had one or more years of college. Part of the column which falls below the horizontal line shows the per cent of students who have not finished high school. The shaded portion shows those who have attended high school for two or three years, and the black portion at the very bottom of the column shows the per cent who have never gone beyond the first year of high school. Some of them have not even reached the eighth grade. The table on which the diagram is based appears at the top of this page.

The state with the smallest extension below the four year line is Maine. Massachusetts would have been slightly ahead of Maine had it not been for the 7 per cent of students at the very bottom who have never been beyond the first year of high school and some of whom have never been beyond the 8th grade. As it is, Massachusetts ranks a close second. In descending order the states read: Maine, Massachusetts, Connecticut, New York, Rhode Island, Vermont, New Hampshire, and New Jersey.

New York leads the other six in the per cent of students who have had some college education. Massachusetts and Connecticut come next, while Maine, Rhode Island, and Pennsylvania tie for third place. In the matter of college education, Vermont ranks lowest, just below New Hampshire and New Jersey.

These are figures only for nine states out of the 48, but they probably represent more than 37 per cent of all the student nurses in this country. The exact number of student nurses has not yet been computed, but the percentage given here seems a reasonably accurate estimate.

How do these figures compare with those for nurses "graduated within the past five years" which we have known before? The New York state returns are as follows:

	Recent Graduates	*Present Students*
Some college	14	10
4 yrs. high school	42	51
2–3 yrs.	31	29
1 yr. or less	14	10
	100	100

These figures seem to suggest that the lowest group is getting a little smaller and the four-year high school group a little larger than they used to

be. The chances are that the difference is really more marked than would appear from the table because the "Recent Graduates" group, consisting as it does of those who answered the Grading Committee questionnaires, is probably slightly above the average of the total student group from which it was drawn. The higher college report from the graduate group probably represents some college study which was done after finishing training.

It is probably true that the results for these nine states show higher educational requirements for admission to schools of nursing than would have been shown by a similar study, say, five years ago. When we realize, however, that for all these states combined, 8,241 students, or 36 per cent of the total number, have dropped out of high school before they finished and yet will be entering the nursing profession as graduate nurses within the next three years, we realize that there is still room for an active campaign by the nursing profession in favor of higher educational standards.

In a later issue it seems probable that the Grading Committee will be able to report similar figures for states in other parts of the country. The report will be awaited with keen interest. How will the schools of the Middle West compare with those of the East? Where will the South rank? What shall we find out about conditions in the Far West? Which state of the whole forty-eight will be found to have made the best record of all, in so far as its educational requirements are concerned? Within the next few weeks the Grading Committee will have discovered the answers to these questions, and the *Journal* will relay the news as quickly as it can be put upon the press.

Standards are almost surely rising, but there is plenty of room at the top. Here may be the text for some nurses' New Year's resolutions.

An Informing Week

STELLA AKULIN KOENIG

IN this "week"-ridden, campaign-bound city of ours, there can, of necessity, be no one advertising or money-getting period which stands out, conspicuous to every New Yorker. And yet, we feel that our Visiting Nurse Service which we inaugurated from October 21–29 has brought us the much coveted publicity which every organisation that has to raise its budget mainly through voluntary contributions, desires.

I have not heard, in this city, of another institution which goes out annually for a period of concentrated publicity with no thought as to money solicitation. And there I think lies our stronghold.

We are still on the threshold of adventure, for we have had only one other "Week" in the thirty-six years of the existence of the Henry Street Settlement and its Visiting Nurse Service. We have always tried to carry on a year-round program of publicity but we have discovered that in a concentrated period devoted only to serving the name of the Visiting Nurse Service to the public for each meal, every day and night for a week, we do get reactions, a "Where did we see that name before" or "Say,

what do these people do anyway?" from people whom we could not move at all before.

If I say that during this week we had enough publicity to fill a 20-page booklet about two feet long and one foot wide, it might give some idea of the space the newspapers gave us in editorials, picture publicity, society articles, features and news.

Each night during this Visiting Nurse Service Week, one of the supervisors from five of our nursing centers gave a talk over the radio from station WNYC, followed by music played by advanced students from our own Henry Street Settlement Music School, and by a song recital given by Miss McCullock, one of the vocal teachers from this same music school of ours.

Over WOR, one morning, Mrs. Herrman Biggs talked about child care and the visiting nurse's part in providing this. One evening during the enactment of "Main Street Sketches" over WOR, mention of the visiting nurses was brought in very clearly by the characters in the course of their conversation giving the address of headquarters and the functions of the nurses. During the same week, Miss Wald gave a stirring talk over WEAF which was relayed from coast to coast on "The Significance of Public Health Nursing and Its Relationship to the Social Welfare Program."

Each public school in the city distributed leaflets telling about the Service; each of the fifty public library branches distributed leaflets.

To further assure our getting a message into the homes, Sheffield Farms put a slip-over with our printed material over the tops of their milk bottles, urging mothers to come to the centers in their neighborhood to see what the nurses could do for them. These went into 300,000 homes; 25,000 additional leaflets were enclosed in letters going to people who were being billed by the Sheffield people for milk.

Gimbels kept a very detailed new exhibit showing the various types of work of the nurses in their window for a week; Bonwit-Teller and Bergdorf Goodman each kept a large painting of a Henry Street nurse in their windows on Fifth Avenue, with captions explaining the Service. Saks, Fifth Avenue, allowed us to keep a nurse in their infants'-wear department showing the contents of the nurse's bag. The nurse also distributed literature and answered the questions of customers who came on that floor.

Paramount, Pathé and Fox Movietone all took sound pictures of various activities in our centers and the theatre programs carried, in sixteen of their theatres, a good sized announcement of Visiting Nurse Service Week, what it stood for and a brief description of the nurses' service.

Whether this will increase our calls for nurses and bring us more work for the nurses to add to their already full days, we do not yet know definitely, but that will be one more interesting check-up to discover if we have really fallen heir to a real treasure in our publicity week or whether we, too, have failed to remove the curse of "one of those Weeks" from public consciousness.

Reports of the National League of Nursing Education Wanted

THE National Council of Nurses of Great Britain, 20 Portland Place, London, W. 1, is anxious to complete its set of reports of the League, and needs for that purpose copies of the reports for 1908 and 1916. Anyone who has copies for disposal will help very much if she will notify either Miss Margaret Breay, at the London address, or the National League of Nursing Education at 370 Seventh Avenue, New York.

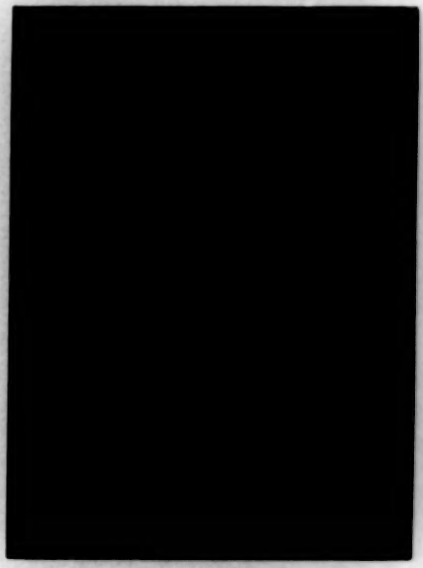
Eminent Teachers

Katharine S. Ink, R.N., B.S.

M. LOUISE BEATY, R.N.

ANYONE who has been associated with nursing schools in and about New York, during the past fifteen years, will be well acquainted with Katharine S. Ink, who was visiting instructor in that city between the years 1917 and 1927.

Miss Ink was born in Plymouth, a village in Ohio, but while she was still very young the family moved to Mansfield, a town near by, where her elementary education was received in the public schools. After one year spent at Oberlin College she entered Johns Hopkins Hospital School of Nursing, from which she was graduated in 1900. Here she first came under the influence of Miss Nutting, who was later to direct her studies at Teachers College. The years from 1900 to 1910 were happily spent in private duty. Dr. William Osler, Dr. W. S. Thayer and Dr. W. S. Halsted were all actively associated with Johns Hopkins Hospital at that time and the contacts with these famous physicians and many others proved to be a very broadening experience which Miss Ink values as a most important educational factor in her life. She often speaks of the many real friends she made among her patients during these years, comparing her experiences with those of private duty nurses today. One who has been privileged to know Miss Ink intimately will realize that her own great



KATHARINE S. INK

love of people and friendliness toward them must have had a large share in her success.

Then came the breakdown, with four years of enforced quiet, spent partly in the open at Saranac and affording much time for reading and reflection. The entire trend of her life was changed during this period, and when she was sufficiently recovered in health she went to New York, entering Teachers College to prepare herself for teaching in schools

of nursing. She graduated with a B.S. degree in 1917 and immediately began her work as visiting instructor in that city and vicinity. During her eleven years of teaching she was associated with thirteen schools. She chose as her major subjects anatomy and physiology and chemistry and no one was ever able to persuade her to teach any subject for which she did not feel fully prepared. This has undoubtedly been a large factor in her success.

Miss Ink is a delightful as well as efficient teacher. In the early days of her work, classrooms were not as well equipped for science teaching as they are today but, in spite of the many makeshifts, students learned, because the teacher understood young peoples' difficulties and was amazingly patient in guiding them through the intricacies of those new and difficult sciences which seemed to stand like impassable barriers at the door of the career which they had chosen to enter. Not only did they come to her freely with their difficulties in the class work but also with their personal problems, for she was not only a teacher but a friend whose judgment they respected and trusted.

Another service which Miss Ink gave during her years of visiting teaching was in allowing students in the Department of Nursing at Teachers College who were majoring in teaching to visit her classes for the purpose of observing her methods. Numbers of students received much profit and inspiration from these visits and remember with pleasure the gracious hospitality of the teacher and her class.

Out of Miss Ink's teaching experiences grew her share in a textbook, "The Principles of Chemistry and Their Application," which she wrote in collaboration with Eleanor H. Bartlett, instructor in chemistry at Pratt Institute in Brooklyn. Miss Ink's contribution to this text, the application of chemistry to nursing, greatly increases its value as a text for students in that profession.

In 1927 Miss Ink retired, going to the home which she and her friend, Miss Dix, had built overlooking Columbia Lake in Connecticut, where for two years she has, each summer, entertained such of her tired friends as cared to come and rest in her lovely home. This year, however, Miss Ink has returned to New York, "temporarily," as she expresses it, to be educational director at the Lincoln School for Nurses, where the students are of the negro race. Her many years of residence in the south have given her an understanding of and sympathy for the members of this race which especially fits her for work with them. No expression could more adequately give the secret of Miss Ink's successful life than that voiced by one of these students when she said: "You know you do not belong to our race, but you never make us feel it!" This is the experience of all who know her. No difference in color, creed, or conduct ever matters in the quality of friendship which she gives when once you have entered the circle.

WHEN planning Christmas gifts do not forget the attractive Calendar contrasting old and new methods in nursing, which may be bought from the National League of Nursing Education, 370 Seventh Avenue, New York City, for only a dollar. Or they are only seventy-five cents if bought in lots of fifty or more to one address. While supporting the Red Cross by membership, and the National Tuberculosis Association by buying seals, remember that each Calendar bought helps support nursing education, and thus affects the future of the whole nursing profession.

Editorials

With the utmost goodwill, the officers, editors and staff at National Nursing Headquarters join in wishing all nurses everywhere a happy holiday season!

In the Southland

"Ours is a land of romance and of song
A goodly heritage, this favor'd land,
Of cloudless skies, whose arch of asure asks
No boon of Italy's."

THESE words from Lucian Lamar Knight's "Stone Mountain" were the prelude to the lovely pageant of the states that proved to be the high light of the first biennial meeting of the Southern Division of the American Nurses' Association. With a poetic roll call of the twelve states constituting the division, each state represented by its president who, preceded by a uniformed student nurse bearing the flag of the state, and marching to the appropriate state hymn, placed a scroll inscribed with the names of its members in a silver basket. These represented the collective allegiance of the southern states to the American Nurses' Association, and the pageant culminated in the stirring strains of "Dixie."

So it is all through the South. The states are reaffirming their allegiance to the national body and are looking to it for guidance. Probably few nurses know that Miss Clayton, National President, has utilized her own vacation time to attend a series of state meetings, as well as that of the Southern Division, which was so splendidly planned and so graciously executed. The purpose of such meetings, whether South or North, East or West, was well expressed by an editorial writer in the *Birmingham Age-Herald* when he said:

> The nurses meet as professional women whose function gives them a special place in our esteem and gratitude. Nursing has grown in scientific significance just as it has grown in public and private values. That these followers of Florence Nightingale should offer emphatic warrant of their strength and aspirations by being bound together in a body which seeks higher standards and a wider range of service is a very hopeful development.

Even so understanding a writer has comparatively little knowledge of nursing. He could not visualize the alumnae, district and state meetings that are the constant expression of professional aspiration. He could not visualize such a meeting as the Silver Jubilee of the Louisiana nurses, a happy occasion described elsewhere, which was a succession of joyous celebrations interspersed with serious programs and conferences.

The nurses of the South are alertly studying their problems. They are utilizing the thinking of all of our professional groups as well as of their own. They are most intelligently drawing upon the national offices for data, for advice, for guidance. They are more or less consciously accepting as their own an analysis of the needs of the South, made for a quite different occasion by Dr. H. W. Chase, President of the University of North Carolina, when he said:

> The importance of work; more exacting standards of achievement; the development of a habit of self-criticism; the importance of ideas and intellectual quality; the necessity of coöperation as organizations have supplanted the old frontier individualism in the life of today—things like these must come to occupy

a larger place in our procedures, unless we are to flounder at an everlasting disadvantage in the contemporary world.

Southern nurses are past masters in the gracious art of southern hospitality. They are an important body of serious-minded professional workers striving, individually and collectively, with the problems of education, organization and distribution which everywhere confront nursing today. New centers for the advanced education of nurses are springing up throughout the South. They will not want for students. The youngest division of the American Nurses' Association is carefully lined up and is saying to the parent body: "Let's go!"

Are You Running?

THE GRADING COMMITTEE is not dead, neither is it sleeping. Day after day its entire office force works at the stupendous task of compiling the data for the first grading from the returned questionnaires which, if piled on top of each other, "would make a column four stories high." It will be some time yet before the schools begin receiving the confidential reports promised, though it is clear that they are anxiously awaiting them. To some observers the schools seem already to be classified in two groups which correspond in their attitudes pretty much to the two small boys who heard the bell ring as they were on their way to school. Said one, "Let's kneel down and pray"; said the other "We'll pray while we run!" In other words, some of the schools are quiescently waiting for the reports. Others are steadfastly working on the facts they had known before or which they discovered for themselves when they filled out the questionnaires. They are planning for better supervision and teaching by putting graduates in to assist head nurses in large wards or, where student head nurses have been the rule, they are replacing them with graduates. They are utilizing increasing numbers of general duty nurses, thus improving the quality of service to patients and equalising the experience of students. Hospitals are considering the question of costs and of quality of nursing service. The assumption that a student service is better and also less costly than a graduate service is being questioned. A very general effort to make a more careful selection of students is noted. For example, in reply to the question, "Have you raised the standard of admission to your school in the past two years?" thirty-eight schools out of seventy-five answering the *Journal's* question said "Yes." Most of the others were already requiring full high school. Those who had recently raised their requirements had done so as follows:

25 to 4 years' high school.
1 " 4 years' high school and upper three-fourths of class.
2 " 2 years' high school.
2 " 4 years' high school, average of 80%.
1 " 4 years' high school, average of 70%.
1 " college entrance requirements.
3 " more careful selection.
1 " requiring chemistry.
1 " a minimum age of twenty.

Administrators of public health nursing services are being asked how they maintain morale with all graduate staffs. Their staff education programs are being scrutinised and to some extent copied by the heads of hospital nursing services who are working out staff educational programs of their own.

The *Journal* has endeavored to give its readers some typical examples of the types of activity that have been going on. Sound thinking on the subject of staff education was presented in a series of three articles in the October issue. An excellent

all-graduate service was described in the same number. The November number had an admirable discussion of group nursing as related to psychiatric patients. In this issue Miss Davis includes in her cost studies some details which are often overlooked in making such studies, such as the relatively large amount of time lost in illness by students as compared with graduates. She reminds us that graduate nurses give valuable and happy service when suitable adjustments are made for them. She raises a few of the questions that have been asked in many places.

Thoughtful persons are everywhere evaluating such studies and experiments. They are not accepting rule-of-thumb answers to their problems. Slowly, steadily, they are working toward the answers to those basic questions: "Should *this* hospital operate a school of nursing, or should it plan for a graduate nurse service supplemented by adequate subsidiary service?" "If a school of nursing is justifiable just how many nurses should we plan to graduate each year?" No school is in a position to appeal for funds for its educational program until it can answer these questions out of a comprehensive knowledge of its own resources and out of a real knowledge of community needs for nursing service.

Our Correspondents

EACH day brings its flood of interesting letters from nurses we know and from nurses we may never meet though we hope for that good fortune. Some of them begin, "Can you tell me where—?" and follow with a request which we gladly do our best to answer. Others begin, "May we have an article on—?" These we particularly like. They often contain excellent suggestions. It takes time, though, to find the writers and to print the articles. In the meantime the nurse expects the very next *Journal* to contain the information she so eagerly awaits. Knowing this, we send any available information at once. For example, we have just collected a set of interesting pamphlets in response to such a request only to find that, although the nurse signed her letter, she failed to give her address and it cannot be found through any source we know. Too bad, isn't it? But a surprising number of nurses do it. Some even write anonymously and that is the most stupid thing any nurse can do. Such a letter completely defeats its own purpose and goes into the waste basket.

"O would thy heart but be
A manger for His birth
God would once more become
A child upon the earth."

Our Contributors

Mrs. Helen W. Munson, R.N., B.S., Assistant Editor, "makes her bow" to *Journal* readers with the story of Christmas for Nurses. We know you will like the story and the writer.

G. G. Telfer, who writes of Fairview, says, "If ever I am out of a job I shall apply to Aunt Ray to take me on as a scullery maid till I learn to make biscuit and codfish balls like hers."

Miss Zufall's series on "Endoscopy" is completed in this issue. Many nurses have already written of their appreciation of this thoroughly practical material.

Nell Clausen, B.S., is in charge of the dietetic work at the Children's Hospital, Milwaukee.

The nursing service of the United States Veterans' Bureau hospitals grows "as a green bay tree." Nurses are eagerly taking advantage of the opportunity to do useful service and to grow in service in the many institutions devoted to the care of our disabled veterans. Mrs. Mary A. Hickey, R.N., Superintendent of Nurses, describes the latest educational project in this issue.

Isabel M. Stewart, R.N., M.A., in her article on furloughs, has presented some very suggestive ideas, not only for the missionary nurses themselves, but also for those who have the privilege of helping them to work out their programs.

We think all sorts of nurses, private duty, institutional and public health, will be glad to have Dr. Kerr's splendid article on tuberculosis which is completed in this issue.

Carolyn E. Davis, R.N., is the vigorous and forward-looking Superintendent of the excellent General Hospital, Everett, Wash. She is a member of the Board of the American Hospital Association.

Grace L. Reid, R.N., B.S., who has taught in a number of American schools for nurses, including that of the University of Rochester, is now on the faculty of the school at St. Luke's Hospital, Tokyo, Japan.

Katherine M. Horner, B.S., R.N., is an instructor at the Mt. Sinai Hospital School of Nursing, Cleveland, Ohio.

Professor Robert W. Moore, of Colgate University, gave so much pleasure to a group of nurses in Utica, N. Y., by his lecture on "Life Dividends" that we begged him to put it in form for publication.

The program of "adult education" worked out by Stella M. Whittaker, for a group of nurses in Providence, R. I., has received high praise from educators. Our excerpts from the notebook of a nurse student will make many nurses, especially those who have not completed their high school work, envious. It is hoped that other high schools may prove equally generous.

The hundreds of nurses on Chicago's Official Registry call Lucy Last Van Frank, R.N., the registrar, "Friend." With patience, justice, and sympathetic understanding she has helped to build up what is probably the largest enrollment of private duty nurses in this country.

We present this month the last of Ann Doyle's articles on the history of the contribution of religious orders to nursing. Some special articles by Miss Doyle are, however, in the making.

May Ayres Burgess, Ph.D., does not always sign her articles but, for more than two years, she has provided the *Journal* with data on the work of the Grading Committee, every single month.

Louise C. Beatty, R.N., B.S., a member of the faculty of St. Luke's Hospital School of Nursing, New York, being a teacher of note herself, has shown rare penetration in her little study of Katharine Ink.

Earl R. South, Ph.D., is Professor of Tests and Measurements at New York State College, Albany, N. Y. Genevieve Y. Clark, R.N., B.S., is a member of the New York State Board of Nurse Examiners and a Visiting Instructor.

The admirable article by Daisy Dean Urch, R.N., M.A., was submitted in partial fulfilment of the requirements for the examination for Superintendent of Nurses at Highland Hospital, Oakland, Calif., the important position she now holds.

Department of Nursing Education

EDITED FOR THE NATIONAL LEAGUE OF NURSING EDUCATION BY NINA D. GAGE, M.A., R.N.

Some Uses of Psychological Tests in Schools of Nursing[1]

EARL B. SOUTH, PH.D., AND GENEVIEVE Y. CLARK, R.N., B.S.

TODAY most of our leading educational institutions are making some use of testing technics. We find colleges and universities giving intelligence, aptitude, and personality tests in order to find how to adapt their plans of procedure to fit better the needs of their pupils. Even the public schools of today use such objective measures to aid in the solution of their problems. Industries have long been developing and using special tests as a partial basis for admission of workers and as an aid in the solution of their personnel problems. Some of these institutions use tests of one type or another to establish standards of admission, while others use such results for a study of the individuals admitted, while certain others, preferably the industrial, use these objective measures to determine whether or not the applicant has ability in that special type of work. In one institution these procedures increased the efficiency of the plant 74 per cent.

A search of the literature reveals that little use has been made of such tests in schools of nursing. Where such attempts have been made, we find that the intelligence test has been used almost entirely. Young reported,[2] in 1924, an experiment in giving the Brown Psychological Test to 101 student nurses in Indiana University. He found a rather close relationship between average grades for the probation periods and the students' scores on the Brown Psychological Test. Earle (1926) reported[3] the use of the Army Alpha Intelligence Test and measures of personality and character traits in a study of 212 New York City nurses. McPhail (1929) in this *Journal*, discussed[4] the uses of psychological tests in the education of nurses in the Rhode Island Hospital Training School. McPhail's study is not yet completed. Tests were given to 61 probation students and, if the previous data prove correct, he expects to see a 50 per cent success at the end of the probation period.

In most of the above studies intelligence tests were used almost entirely. No direct reference has been made to the use of recent devices for measuring other human elements such

[1] Discussed before the Nursing Education Institute at Albany, N. Y., April 22, 1930, under the auspices of Sec. 2, New York State League of Nursing Education and State Department of Education.

[2] Young, H. H., "Intelligence Rating and Success in Nurses' Training," *Journal of Applied Psychology*, Dec., 1924.

[3] Earle, M. G., "Relation between Personality, Character Traits and Intelligence," *Journal of Applied Psychology*, Dec., 1926.

[4] McPhail, A. H., "Psychological Tests Applied to Nurses Training at the Rhode Island Hospital," *American Journal of Nursing*, Feb., 1929.

as emotional stability and social attitudes.

Since intelligence tests, alone, are not final in the evaluation of the possible achievements of a student, the writers became interested in going a step further with the application of tests, especially those procedures which measure personality traits. This is important since the student nurse is constantly confronted with the problem of adjusting to the wide range of personality differences found in patients. We were also interested in securing *objective* measures of evaluation on probationary students, especially since such measures were not available from the high school records. This is all the more necessary because of the wide range of educational background of the student. A comparison was made between such a method of study and the methods of measurement now in use in training schools. After a detailed study, the writers feel that the following traits are representative of the nursing personality:

(a) Intellectual level
(b) Scholastic ability
(c) Emotional stability
(d) Social attitude

We do not feel that these are all of the characteristics which should be included. Motor skill also plays an important part in nursing practice. In the present experiment it was impossible either to find or devise a satisfactory motor test.

One of the writers is an instructress of theory in the two schools from which the subjects for this experiment were selected. She was interested in applying the results of such measures for the further improvement of teaching methods in schools for nurses. She was selected to administer the tests because of her contact with the schools and also because of her special training and experience in the field of measurement. The sixty-eight subjects used in this experiment consisted of the probation classes in Albany Hospital and St. Peter's Hospital, Albany, N. Y. The median chronological age of the group was 19 years, 2 months. Upon analysis we found that 64 per cent of the group were high school graduates; 12 per cent had 3 years' high school training; 12 per cent had 2 years; and 12 per cent had 1 year.

The tests used in this experiment were administered within two weeks after the candidates were admitted. By the end of the probation period, ten of the sixty-eight had been declined for one reason or another, such as lack of ability, poor achievement in class work, inability to adjust to nursing situations, etc.

The following tests were used in this study. Three intelligence tests were selected: the Ohio State University Psychological Examination (Form 11), the Otis Self-Administering Test of Mental Ability (Form A), and the Pressey Senior Classification Test. The first was especially selected because of its length and because it yields a variety of measures. This examination is also used in New York State College for Teachers at Albany, and it was possible to compare the nurse group with a similar group of college girls. This is a test of high reliability and validity. It consists of 395 questions divided into five sections, as follows: (1) arithmetic, (2) opposites (vocabulary), (3) analogies, (4) number series, (5) reading comprehension. Approximately two hours are needed to take the test. The Otis and Pressey Senior Classification Tests were used in order to compare results. The Otis Reasoning Test, Forms A and B, were given in order to measure this type of ability.

TABLE I

Name of Test or Measure	Average Score of 10 Nurses Declined	Average Score of Nurses Accepted
Ohio State University Psychology Examination	154.9	168.3
Otis Self-Administering Test of Mental Ability, Form A	42.4	45.9
Pressey Senior Classification	50.5	52.6
Otis Arithmetic Reasoning	12.3	13.1
Speed Score	240.7	256.7
Accuracy Score	51.0	60.8
Errors	90.7	65.2
Omissions	28.6	27.7
Thorndike-McCall Reading, Scale 1	29.5	30.7
Ohio State University Psychological Examination:		
Test 5—Reading	47.7	51.8
Test 2—Vocabulary	26.8	26.7
Physiology and Anatomy Grades	68.5	79.3
Grades in Drawings and Anatomy	79.3	70.3
Grades in Practical Work	79.7	89.1
Colgate Personal Inventory B2:		
1. Psychasthenic Section	8.0	9.6
2. Schizophrenic Section	4.0	4.5
3. Neurasthenic Section	5.7	6.9
Total of numbers 1, 2, 3	17.7	21.1
Colgate Personal Inventory, C2:		
Total Introvert-Extrovert Score	14.4	13.6

However, only the results of Form A are discussed in this paper.

The writers were interested in securing certain efficiency measures aside from mere intellectual responses. In order to get a measure of speed, the total number of items attempted on the Ohio State Psychological Examination was used as a score. An accuracy score was also obtained from the same test by taking the per cent of correct items among those tried. An error score was found by taking the number of items incorrect. It seemed interesting and worth while to consider the number of items omitted on the Ohio State Psychological Examination and this was called an omission score.

So much is being said concerning the relation of reading ability to school or academic success, that the writers deemed it worth while to give some tests in this field. The Thorndike-McCall Reading Test, Scale 1 and Part 5, of the Ohio State Psychological Examination were used. The latter is a very good test of comprehension in reading. In Section No. 2 of the Ohio State University Test, one obtains a measure of vocabulary.

It was possible to obtain several measures of scholastic standing and achievement in practical work previous to the time the ten nurses were declined. Grades in Physiology and Anatomy, ratings on drawings in Anatomy, and ratings in practical work were obtained.

Since our problem was to go further than a study of the intelligence and academic ability of the nurses, we selected some tests which would give us a rating of the personality "make-up." How may the significant factors of the "hypothetical nursing personality" be measured in an objective manner instead of being variously estimated? E. H. Morris in a recent study [5] says:

Personality should be interpreted to mean

[5] Morris, E. H., "Personal Traits and Success in Teaching," Teachers College Contribution to Education No. 342, 1929.

the whole integrated individual rather than merely a person's pleasant manner, voice, physical make-up, etc. . . . Personality is a complex blend of characteristics, in a sense the whole sum of an individual's reaction tendencies.

The Colgate Personal Inventory, Forms B2 and C2, were used to obtain such measures. Elwood made use of such measures,[6] and found them very helpful in such a study of personality types. He also found that extroversion is a desirable personality trait for student nurses. The B2 form gives opportunity of securing three types of measure: (1) Psychasthenic, (2) Schisophrenic, (3) Neurasthenic. The total of the three may also be considered as a measure of general neural stability. The C2 form gives a measure of introversion and extroversion. Such personality measures as those derived by these or any other methods of rating may be used in two ways; first in a composite manner, comparing the individual with the other members of his class, and second as a differential score to throw some light on the individual's own case; in a way, as a diagnostic measure.

The results of this experiment were studied in two ways. First, a comparison was made between the fifty-eight nurses retained and the ten nurses declined. In order to do this, the median or middle score was found for each group on all the tests. Table I shows this comparison. It will be noted that on all three intelligence tests there is considerable difference between the groups. This difference is greatest in the case of the Ohio State Psychological Examination. This is perhaps due to the length of the test. These three intelligence tests compare very well with each other as to the degree to which they measure native ability. By the statistical method of comparison, knowing a coefficient of correlation, we find a relationship of .76±.034 for the O. S. U. and Pressey tests; .79±.03 for the O. S. U. and the Otis tests. (The nearer this coefficient value approaches 1.00 the higher is the direct relationship.) The scores of these sixty-eight cases on the Ohio State University Psychological Test range from 99 to 276, while the range of scores for the New York State College Freshmen was 124 to 308. In the Otis Test, the range of the nurse group is from 28 to 64 and for the college group, 29 to 75. It must be kept in mind that the entrance of a student in State College requires a Regents' average of 80 per cent. Therefore the Freshmen are somewhat selected as to ability, having completed four years of high school training. The student nurses averaged three and one-half years' high school training with no specific per cent of achievement required, as in the college group. While the difference between the two groups on the Otis Arithmetical Reasoning Test is small, yet it seems worth considering. The difference in speed as measured by the number of items attempted on the Ohio Test shows that the group retained tends to be more rapid and more accurate.

There is a remarkable difference in accuracy, the group retained being almost 10 per cent more accurate. Speed and accuracy should be considered very important traits in such a profession. This difference is also brought clearly to our attention in the case of errors. Of the 395 items on the O. S. U. test, one group has over 90 incorrect, the other group only 65. The groups are about equal when we consider the number of items omitted.

When we compare the reading scores of the groups, the median score

[6] Elwood, R. H., "The Rôle of Personality Traits in Selecting a Career, *Journal of Applied Psychology*, Vol. 11, No. 3, June, 1927.

of the accepted group on the Thorndike-McCall Reading Scale is only slightly higher than the other group. In the case of Section No. 5 (Reading Comprehension) of the Ohio State University Test the difference is greater; however, on both reading tests the accepted group score is somewhat higher. There seems to be little difference on Section No. 2, the vocabulary test.

When we examine the grades in anatomy and physiology we see that the median grade for the retained group is almost 11 per cent higher than that for the group declined.

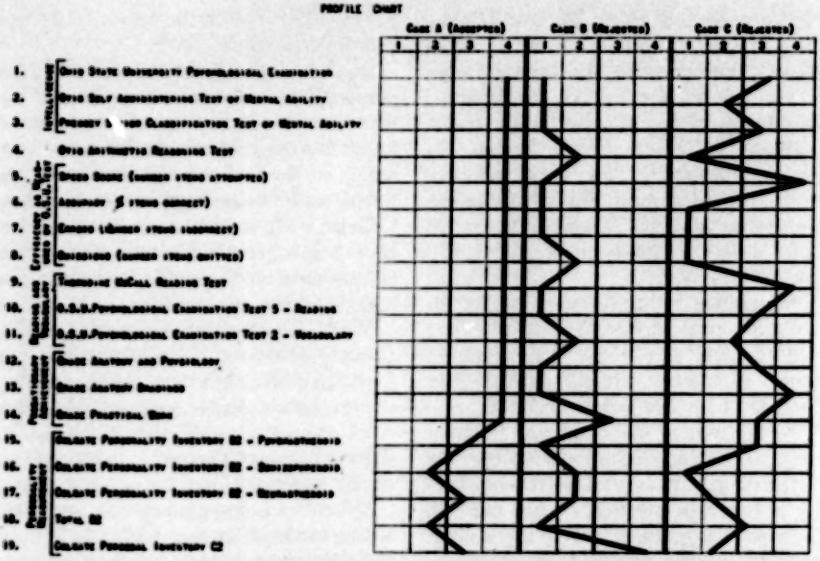
In the case of the drawings in anatomy, it seems slightly easier for the declined group to express themselves by a concrete method rather than in an abstract manner. When we compare the grades in practical work, the accepted group shows a median performance 10 per cent higher than those declined. One might raise the question concerning the relation of ability to the development of nursing skills. When statistical comparison is made between intelligence test scores and grades in practical work we get a coefficient of correlation of $.17 \pm .05$. This is a slight relationship and rather unreliable. Other studies with college and high school students report .5 as their highest relationship between intelligence and academic marks. These ratings in practical work were obtained in the classroom. The writers feel that it would be better to obtain such marks from the results of demonstrations actually administered. It would seem that the "adjustment" of these procedures to different situations would require varying degrees of intelligence. This low relationship may also be due to the subjective method of evaluating student achievement.

The declined group score almost 11 per cent lower than the accepted group in practical work.

We have included the results of the personality measures in the table; however it seems best to use these tests for individual analysis. They have, in fact, been so designed by Laird and his co-workers at Colgate College. This is also borne out by their helpfulness in individual analyses of students at New York State College.

When we consider the results of the Colgate Personal Inventory B2 we find that the difference between the two groups is slight; however, that the total scores on all three selections show a larger difference. A high score on B2 indicates instability.

When we compare the median scores for both groups with the female population at large (as given in percentile norms supplied with the test) we find that both groups score higher than 75 per cent of the population. The results of the Colgate Personal Inventory C2 (Introversion-Extroversion), when compared with similar norms, show that 85 per cent of the female population at large are more extrovert than these sixty-eight student nurses. The median score of the two groups on the Colgate C2 test is slightly higher for the group dismissed. A study previously cited suggests that extroversion is a desirable trait for nurses. The reader should keep in mind that these Personal Inventory Tests are most useful in individual diagnoses. In fact, a number of the questions are suggestive to the trained clinician for further analysis of personality differences. It should also be noted that intelligence and most personality measures do not correlate very highly. It must be kept in mind that we are comparing a "special" group with the female population at large. One of the writers is at the


PROFILE CHART
Case A (Accepted)
Case B (Rejected)
Case C (Rejected)
1 2 3 4
1. Ohio State University Psychological Examination
2. Ohio Self Administering Test of Mental Ability
3. Psychology A 100 Classification Test of Mental Ability
4. Ohio Arithmetic Reasoning Test
5. Speed Score (Number items attempted)
6. Accuracy % items correct)
7. Errors (Number items incorrect)
8. Omissions (Number items omitted)
9. Thorndike McCall Reading Test
10. S.S.S. Psychological Examination Test 3 - Reading
11. S.S.S. Psychological Examination Test 2 - Vocabulary
12. Grade Anatomy and Physiology
13. Grade Anatomy Dropped
14. Grade Practical Work
15. Colgate Personality Inventory B2 - Psychasthenoid
16. Colgate Personality Inventory B2 - Schizophrenoid
17. Colgate Personality Inventory B2 - Hysteroid
18. Total B2
19. Colgate Personal Inventory C2

present time collecting more data on a larger number of cases. From these results we hope to report more satisfactory norms for such special groups.

Let us next consider the results as a basis of individual study or analysis. First of all, the scores of all the nurses on each test were arranged in descending value; that is, the highest score first, the next highest second, and so on until the lowest score was at the bottom of the list. These lists were then divided statistically into quartiles or fourths by finding Q^1, Q^2, and Q^3 points on the distribution. It was then possible to study the record of any individual case and find the group into which the scores would fall. Thus an individual case might be in the highest quarter in intelligence (75 per cent of the group scoring lower), in the third quarter in speed, (50 per cent scoring lower), etc. These ratings were then recorded on a graphic or profile chart, a sample of which is here given. We found this a good method for comparison of accepted cases with those rejected. The three cases given here were selected at random. The reader will note that a tendency to score in group 4 is desirable. Case A, who was accepted, scores in group 4 in all the intelligence tests, in group 4 in the test of reasoning, and in the same group in the efficiency measures such as speed, accuracy, per cent of errors, and tendency to omit. The student also ranks better than 75 per cent of the group in reading and vocabulary. She also rates high in probationary achievement.

In the Colgate Personal Inventory Test B2 a tendency toward extremes, that is to score in group 1 or group 4, would not be so desirable as to score near the 50 per cent mark. The latter happens in the case A. In the C2 test, a high score suggests extroversion and this student scores in the third group. This is a desirable trend.

Case B (who was rejected) shows quite a contrasting profile. Low in

intelligence (75 per cent of the 68 cases scoring higher), in the lowest group in the efficiency scores, she is slow but also inaccurate and in the lowest quarter in reading ability. She rates low in subject matter, but somewhat higher in practical work. She is fairly consistent in her personal traits on B2 and scores high on C2. There are only two points, practical work and extroversion, where the case is above the average. In the rest of the measures, intelligence, etc., she is in a group with the lowest 25 per cent.

Case C, another rejected case, selected at random, shows a different type of profile. She is average in ability, very quick and very inaccurate, a reader above average, rates fairly instable in the Colgate B2, showing a tendency toward Schizophrenia (to keep within groups 2 and 3 is desirable), and she also shows introversion tendencies. This third case is much less desirable for the hospital because of the inconsistency of the trend in the profile. The writers feel from this study that such a pictorial method of case study is to be recommended as helpful and economical. Fourteen per cent of the original probation group which had been accepted were declined, and later a few others were rejected also. The additional rejections also scored low on the test battery and showed unfavorable "profiles." If some such data could have been used at the beginning, it would have been economical to the institutions involved.

The readers will naturally raise the question as to what tests should be used in any institution in the rating of their probation students. The authors would suggest, first of all, that a few well adapted tests are more desirable than a large number of tests. These tests should be administered and interpreted by one who has had training and experience in such procedures. As a tentative program we suggest an intelligence test, a test of reasoning, some test on speed, accuracy, errors, a test of reading ability, a motor test, and several measures of personal traits. The Ohio State University Test gives one many measures of efficiency and reading comprehension, arithmetical calculation, etc. If a shorter test is needed, the Otis may be used, but in this case a special reading test should be used also. The writers have been unable to find a satisfactory motor test. The Colgate Personal Inventory Blanks, B2 and C2, are very satisfactory. We feel that these last measures are very worth while in such a study.[7]

On the basis of the data presented in this paper, we may conclude that:

1. The results of such testing procedures contribute to an *objective* measure and thus tend to minimize the subjective evaluation of the nurse's aptitude.

2. Such procedure should be economical because it provides a plan whereby candidates not qualified or adapted to the nursing career may be dismissed, thus a saving to the candidate and to the institution concerned. Indirectly this would tend to raise the standard of admission to nurses' training institutions.

3. By such a program superintendents and teachers in the training institutions could better judge the educational possibility of those who apply for admission.

4. The results of such objective measures would make it easier for those in charge of nurses' training to encourage the new student and to guide her in the development of emotional stability and desirable social attitudes, not only during her period of training, but even in her future career.

[7] For Ohio State University Psychology Examination, address: Herbert H. Toops, Dept. of Psychology, Ohio State University, Columbus, Ohio.

For Otis Self-Administering Test of Mental Ability and Otis Reasoning Test, address: World Book Company, Yonkers, N. Y.

Thorndike-McCall Reading Test, address: Bureau of Publications, Teachers College, Columbia University, New York.

Colgate Personal Inventory Tests, address: Hamilton Republican, Hamilton, N. Y.

Creating and Maintaining Good Morale of the Supervising Nurses in the Hospital

DAISY DEAN URCH, R.N.

I ONCE asked the business manager of a hospital if he could estimate the cost of the school of nursing which was a part of his institution. He answered:

> I do not know and I do not care what it costs. Whatever the price, it is a good investment. The nursing group gives us something which cannot be measured in money value but which can be turned into money; namely, morale. I can go out into the community, capitalise the spirit which pervades our institution, and thereby make up any deficit that we may have. The nursing school makes that spirit. The business organisation with which I was connected before I came to the hospital field pays large sums of money to bring forth morale amongst the personnel. Furthermore, the men who can produce it, demand large salaries.

This man stated a fact that has become well known in the business world but is not so generally understood nor appreciated by professional people. Perhaps this is true because professional practitioners are so busy acquiring their own special technics and knowledge that they lose sight of the value of it. Possibly some of them are somewhat snobbish and scorn what may seem like cheapening themselves. Whatever the reason, it is, in my opinion, unfortunate. I have come to believe that the medical and nursing professions, at least, should be aroused to the possibilities of improving their practice and enriching their lives through better morale in and among their members.

Morale is of value from a financial point of view because it improves the efficiency of workers, thereby increasing output; it oils the machinery of an organization thus preventing friction. It improves the health (mental and physical) of the individuals concerned, because it produces a minimum of irritating stimulation in the environment. Thorndyke [1] proved that when people are annoyed they do not work as accurately or rapidly, nor do they think as clearly as when they are in a serene mood. Cannon [2] proved that an irritating environment interferes with normal digestion. Physicians agree that the circulatory system is injured by worry and anger. Good morale tends to eliminate these conditions. Quite apart from these practical purposes, morale is good for its own sake because it makes work become play. Its presence transforms the workers into artists. The work they do "is a delight, and the obedient hand never grows weary." The spirit with which work is done is quite as important as the work itself for, when work is enjoyed, it becomes recreation.

Since these things are true, morale is worth creating and maintaining. Keeping up the morale, then, becomes one of the important duties of the director of nursing in a hospital. She is therefore confronted with these questions. What is morale? How can it be created? Having secured it how can it be maintained in the midst of the fifty-seven varieties of problems continually pressing upon the nursing group—problems of getting the work of the hospital done, of caring for the patients, of satisfying their anxious

[1] Edward L. Thorndyke, "Educational Psychology, Briefer Course," chapter 10.
[2] W. B. Cannon, "Bodily Changes in Pain, Fear, Hunger and Rage."

relatives and friends, pleasing the public, educating the students, carrying out the physicians' orders, securing competent workers, and so on?

What is morale? Someone has said that "what condition is to the athlete's body, morale is to the mind. It is the perpetual ability to come back." It is a state of body and mind which renders a person capable of endurance and of exhibiting courage in the face of difficulties. The morale of a group is the "we feeling" that causes them to work together agreeably, confidently, constructively and happily, hence saving time, energy, health, nerves and money.

How can morale be produced? Since the thing we want must come from within the individual members of the group, the first problem facing us is an understanding of the laws of human behavior. This sends us to the fields of biology, physiology, psychology, sociology and psychiatry. Having learned why human beings behave as they do and how to control their behavior, the next problem is to apply this knowledge to the particular persons concerned. This of course must apply to the leader as well as to the led. Next, the situations into which this personnel will be thrown must be analyzed with a view to making the most of the possibilities there. We are confronted with more questions: What are the springs of action in human beings? How can they be directed and controlled? How can this particular group of people in this particular environment be stimulated to behave in such a manner that morale will be developed? What can be done to improve the environment as well as the people here?

A survey of the various fields of investigation into human nature reveals some interesting theories regarding the forces which cause people to act as they do. Lester Ward,[3] the sociologist, says our *desires* drive us; William MacDougall[4] and Edward Thorndyke,[5] the psychologists, prove that our *instincts* motivate us; Professor R. E. Park,[6] of the University of Chicago, demonstrates our *attitudes* as the determiners of behavior; Fouillée[7] concludes that *ideas* lead us on; "First the ideal, then the real" is his motto. W. I. Thomas,[8] after carefully studying all these theories, comes to the conclusion that our *wishes* are our dynamos—the motor and mental elements—the starting point of all our activities. These theories all have value. In fact, these men all really mean the same thing but use different terms in describing their meanings. Wishes are desires and are determined by instincts, attitudes and ideas. For various reasons I find the *wish* the best unit for describing and analyzing human motives to action. It seems the most complete, satisfactory and simple.

Thomas defines a wish as "an original tendency modified by life in society." Wishes, then, are instincts revamped by social experience. Kulp[9] says a wish is an inherited tendency or instinct which has been fixed by attention directed to objects, persons or patterns of behavior, all of which then assume the character of values. Wishes, then, determine life purposes. Purposes are the propelling powers of individuals. Wishes give the will to do. Wishes determine one's enthusiasm, courage, ideals, initiative,

[3] Lester F. Ward, "Pure Sociology," chapter 12.
[4] Wm. MacDougall, "Social Psychology."
[5] Edward Thorndyke, "Educational Psychology, Briefer Course," chapter 11.
[6] Park and Burgess, "Introduction to the Science of Sociology," chapter 7.
[7] *Op. cit.*, chapter 7
[8] W. I. Thomas, "The Unadjusted Girl," pp. 1–40.
[9] Daniel H. Kulp of Columbia University.

actions. Every wish tends to act itself out. Wise wishing sets the face in the right direction. Wrong or unwise wishing leads to defeat. The problem, then, of controlling human behavior is, in large part, one of *wish giving* and *wish directing*. Thomas says there are four types of wishes:

1. Wishes for new experience.
2. Wishes for security.
3. Wishes for personal response (personal recognition).
4. Wishes for dominance (public recognition).

These four types of wishes co-exist in every person and are ready to express themselves in definite patterns of behavior. He believes that no person lives a full life unless each of these four types of wishes finds expression. Expression of them brings satisfaction, happiness, personal power and, therefore, morale. Repression of wishes tends to stilt the personality and hamper the effectiveness of an individual. Redirecting the wishes toward objectives which are of social value rather than inhibition, then, is the best means of improving morale. For example, the wish to dominate can quite as well be satisfied by dominating situations as by dominating people.

Accepting without further elaboration Thomas' formulae for understanding and improving human behavior, the next step is the examination and analysis of the field of action (the hospital) to see what possibilities present themselves for the normal healthy expression of the four types of wishes of the supervising nurse.

Wish for New Experience.—Experience may be defined as learning, thinking and feeling, as well as doing, and the spiritual as well as the intellectual exercise of the mind. New experience includes the application of old knowledge to new situations and old emotional reactions toward new objects. It is a matter of common knowledge that practically all normal people are curious (new experience in knowing). It is curiosity which leads the gossip to pry into her neighbor's affairs. Every bit of news is a new experience for her. This desire to experience the novel is a strong drive within most people and if encouraged and directed toward desirable objectives results in great satisfaction to the individual as well as useful contributions to society. The supervising nurse in a busy hospital ward finds endless opportunities for satisfying her wish for new experience. It keeps her mind busy learning the new contributions to medical science and nursing technics. Every patient is a new experience in that they all differ as individuals and differ in the way they react to treatment. Each one requires new and different methods of handling. How best to approach each patient and how to anticipate her likes, dislikes and needs keeps the nurse on the *qui vive*.

The nursing students, also, furnish promising material for new experience. There they are in all their verdant freshness ready to be understood, mothered, taught and moulded into the accepted pattern called the nurse. Where else could she find such varied and alluring human possibilities for new achievements? There are the doctors, other nurses, orderlies, maids, patients, friends and relatives—all to be contacted daily. Surely enough to satisfy the most insatiable appetite!

On the mechanical side—the use of equipment and materials—there are plenty of opportunities for originality. One can go from ward to ward in different hospitals and find many new and original methods of doing routine duties. I once kept track of the variations from the standard method for taking temperatures set up by a board.

I found no less than fifty-three different methods—and these in thirty-one hospitals. Apparently each supervising nurse wanted to make a new experience for herself, so she had invented her own technic and by insisting upon its use satisfied, not only her wish for new experience, but her wish for dominance as well. And so one could go through the many different technics of nursing finding plenty of opportunity for originality, creative invention and initiative. Mary M. Marvin [10] in her study of the duties of supervising nurses found that, "opportunity to further their own knowledge, develop their own ideas and teach students and patients," were the most attractive features of their work.

Wish for Security.—In spite of this interest in the novel—the new—practically every person has an innate longing for security. Fear of losing one's home, one's position; fear of poverty, of sickness, of lonely old age, of social ostracism are all very real forces in the lives of people. No one can be happy, can give herself wholeheartedly to her work, if one or more of these fears is haunting her. In her study of the nursing situation in the United States, Dr. May Ayres Burgess found that the public health and hospital nurses are happy. One of the chief sources of this happiness is, she believes, the feeling of security which they experience. Because there is no over-supply of workers in these two fields, there is little danger of any one of them losing her position. Every hospital executive is very glad to keep her efficient nurses indefinitely and this fact is well known to them. Intelligent nurses know how to avoid most illnesses, thus lessening the fear of sickness and poverty. Nurses, in these two fields at least, earn salaries which make it possible to maintain themselves with dignity and save something for old age and illness. Because the services which nurses give to society are much needed, they can look the world in the face with self-respect. Fear of social disapproval need not be a hampering force.

Wish for Personal Response.—From early childhood and throughout life human beings enjoy receiving various forms of affectionate attention from others. The newborn babe shows a desire for and pleasure in having mother or nurse or any other person come to her, stay with her, hold her, look kindly at her and give her loving care. She rewards such service by cooing, gurgling and patting the giver. As she grows older she learns new methods of getting attention and, as a rule, likes it given in a more subtle manner. But she wants it and she is willing to pay for it by conduct which will elicit it. Adopting children, working for the Red Cross, for the Community Chest, teaching, nursing and the like are expressions of this desire. Nursing furnishes a splendid outlet for the drive to get personal response from others. For a woman it stands next to motherhood. Relieving distress of patients, making them comfortable, watching them recover, teaching them how to keep well, give satisfaction far beyond any monetary return. All the nurse's normal parental tendencies find ample outlets in her work. This brings to her the gratitude, good will and personal recognition of those she serves.

Wish for Dominance.—A psychological examination of the soldiers during the World War revealed the fact that 95 per cent of them showed a desire to overcome obstructions in their way or interference with their activities, and also showed a tendency to

[10] Mary M. Marvin, Thirty-third Annual Report of the N. L. N. E., page 134.

dominate other people. Practically all people like to master situations as well as people. A small girl likes her doll to sit up for her or close its eyes as she wills. Her pleasure is much enhanced if there are witnesses to her adroitness. Thus, she, as well as the doll, "shows off." These are typical expressions of the wish for dominance—for public recognition. Gertrude Ederle showed off before the world and dominated a situation by swimming the English Channel; Roosevelt, by building up a splendid physique and intellect; Demosthenes, by becoming a great orator; Lindbergh, by skill in flying. And thus people find satisfaction in successful achievements quite apart from any money or other material gain which may come from them. In fact, many a successful business man gets his chief joy out of his skill in making money (dominating a situation) rather than in saving or spending it.

The hospital ward furnishes a stage on which the nurse is the dominating personality. She is the star actor. She sets the stage and to a very large extent determines how the other actors shall play their parts. The physician, only, is her peer and he, having a short part, soon passes off the stage leaving the scene to her. If she is wise and well balanced she may experience that peculiar joy which accompanies being mistress of the situation and at the same time keep the good will of her helpers. Her poise, self-control, knowledge and manual dexterity stand out in contrast to the helplessness of the patients and the untrained. This efficiency, softened by kindness, steadied by a sense of her expertness, and enlivened by the many unusual situations which she, only, can handle make for her a fullness of life which can be most attractive. She decides what shall be done, how it shall be done and she is quite capable of doing it. She has the satisfaction of knowing the world needs her contribution. Thus feeling, knowing and doing are all a part of her experience. This all-round development of personality and use of powers gives a splendid opportunity for expression of the wish to dominate.

To many supervising nurses the game of running a hospital ward is quite as diverting as going to a movie. More so, for the pleasure that is the accompaniment of work performed in response to a social need brings lasting satisfaction; while pleasures sought as ends in themselves soon surfeit the appetite. The Epicureans of Greece set up as their aim, pleasure for pleasure's sake. They soon found that life conducted on this plan defeats the very object that it seeks. Doing a good piece of work of any kind provides a normal satisfaction of some types of wishes, but nursing work develops the full woman—develops her physically, intellectually and spiritually. There is a diversity of function—a balance of mental and manual and moral activities—which makes for that completeness of living that is essential to lasting pleasure. This, in itself, creates morale. To quote Edward Yeomans:[11] "We believe the wholesomeness—the health of society, requires a proper proportion between the head and hand activity, in which the element of joy is the illuminating signal." Thus the supervising nurse's work develops her best self and the best selves of those with whom she comes in contact. It develops her finer instincts, enables her to live an interested life, to keep young by growing and doing creative work which is needed by society. Her work, then, can be a great source of good morale

[11] Edward Yeomans, "Creative Education in Modern Parenthood," page 118.

because it provides for the normal satisfaction of all types of wishes.

Having reached the conclusion that, in general, the work of the hospital ward provides conditions conducive to the creation and maintenance of good morale, the next step is to see how these possibilities may be made realities in the lives of all supervising nurses. That many of them do find great satisfaction in their work is a known fact; that many others do not is equally true; that still others are not using to the fullest degree their opportunities is a sad travesty on our policies. No doubt some of these failures are due to misfits—square pegs in round holes. Unquestionably some of them result from conditions in the hospitals. When the wards are understaffed and, therefore, the staff overworked, or the patients neglected, or both, little satisfaction can come to the workers. Miss Marvin found that the most frequent cause of discouragement on the part of supervising nurses was "insufficient number of nurses to do good work." Lack of proper equipment and failure on the part of the administrators to coördinate the work of all departments also interferes with an atmosphere in which good morale can be secured.

But even such conditions as these need not discourage one. For the history of the human race proves that when there is a strong tendency (ardent wish) it will always find its expression by modifying or overcoming conditions. The main field of action, then, for every administrator is in the minds and emotions of the workers. What appeal will arouse them to favorable wishing? How can they be so sensitised that they will lend themselves to a coöperative, constructive program which will increase the possibilities for finding satisfaction in the performance of their duties? How can one put a compass in each soul? These are vital questions to the leader. Her success depends upon her ability to find the answers to them, her skill in applying these answers, her persistence in keeping everlastingly and clearly before her the purpose, her patience in dealing with each individual member of the staff and a balancing sense of humor. She must not be discouraged. On the contrary, she must consider the difficulties a part of the great game of life.

What definite things can she do to help the situation and the personnel? Some of the constructive measures for improvement follow:

(1) Encourage each nurse to continue her education—to keep on growing. Extension work, summer schools, institutes, visits to other hospitals, readings, conferences with others doing the same type of work furnish excellent means of furthering knowledge. Those supervisors who do improve themselves and their work should be rewarded by promotion, increased salaries, more authority, more responsibility, credit for achievement, and other forms of appreciation for services rendered. There is always a little danger in advocating more education for nurses. The danger is that the nurse may lose sight of the fact that education should *improve her nursing*. That kind of education which will result in better care of patients is what we need.

(2) As far as is consistent with the smooth running of the whole hospital and the best care of the patients, encourage each supervising nurse to carry out her own ideas.

(3) Create an environment in which the work can be well done without confusion or strain. This means enough help, sufficient supplies and a well planned system of routine duties for everyone. In many institutions what seems like a shortage of nurses is really lack of an orderly system of getting the work done and obtaining supplies. This results in wasted energy and time.

(4) Secure adequate salaries, reasonable hours of work, wholesome food and proper living conditions.

(5) Provide for group conferences and personal interviews in which free discussions are encouraged. Some of the purposes of these meetings should be to impart vitality, stimulate and foster enthusiasm, revive lost interest

exchange ideas, coördinate the work of departments, and work out plans and policies for the future.

In conclusion, my thesis is, that good morale has a definite value; that it is well worth securing; that much can be done to create and maintain it; that the work of the supervising nurse naturally lends itself to this purpose; and that, while working conditions should receive due consideration, the principal field of endeavor is in the mind and heart of each nurse. As far as success is attained in creating and maintaining morale, so far will "life become a glory instead of a grind."[12]

What Procedures Should Nurses Be Permitted to Perform?

THERE appears to be no uniform recognition of the dividing line between the procedures the interne or resident physician should carry out and those the nurse may be permitted to do. In an eastern hospital the question arose as to whether a nurse should be permitted to pass a duodenal tube or whether this should be done only by a physician. This is but one of the procedures that have given rise to this or a similar query many times in the past. In the diabetic clinic, shall the nurse be permitted to take samples of blood for study? May she perform duodenal or gastric drainage in the gastro-intestinal clinic, or administer intramuscular injections of bismuth or arsenic in the venereal clinic, or insert needles for hypodermoclysis in the wards? Some hospitals permit nurses to perform this type of work; others do not.

This problem has two aspects: Is the nurse capable of performing the above-mentioned steps with the same skill and with a minimum degree of discomfort on the part of the patient that would be the case if the physician only were allowed to do this work? What would be the moral if not the legal standing of the hospital in the eyes of the community should a serious accident befall the patient while any of these usually considered minor procedures was being performed by the nurse?

It may be said, in answer to the first question, that many nurses have become as adept as the average physician in the passing of duodenal tubes and in inserting needles into veins. Nevertheless, her training does not prepare her for this type of work nor does it seem fair to the public to permit her to do it. There seems to be no reason why, in a hospital with a proper interne staff, the nurse should insert a hypodermoclysis needle or, in the properly run diabetic clinic, why the medical personnel should be so scanty that this work must be delegated to the nurse.

In some institutions it has been found that since the diabetic clinic convenes at 7 or 8 o'clock in the morning, it is usually much easier to get this work done by a nurse than by an interne. A hospital would be in a rather unpleasant situation should death occur during the passage of a tube by a nurse, either as a result of the effect of vomiting on a disabled heart or even the insertion of the tube into the trachea.

It may be said that the nurse has sufficient work to do without asking her to perform work that should be done by the physician. In addition, it is the duty of hospital executives to require each member of the institution's personnel to perform only that type of work for which he or she is best fitted.—From the *Modern Hospital*, September, 1929.

Frontier Nursing Service

THE Frontier Nursing Service has now a staff of nineteen nurses, of whom three are supervisors and two combine supervisory assistance with their general work. The Service is now so widely known that inquiries in regard to it come in every week and from all over the world. This summer we have had applications from nurses in Australia, Jerusalem and the Punjab. The members comprising our present staff received their general training in the United States, in Canada, in New Zealand, in England and Scotland, and their experience in public health has girdled the globe. The midwifery of all of them was learned in Great Britain. They represent as fine a body of women as could be gotten together, and an officer in that service which boasts it will be found "guarding Heaven's gates" has called them, because of the daring and initiative of their mobile service, "The Marines."—From the *Quarterly Bulletin* of the Frontier Nursing Service, Inc., September, 1929.

[12] William James, "Talks to Teachers."

Department of Red Cross Nursing

DEPARTMENT EDITOR: CLARA D. NOYES, DIRECTOR NURSING SERVICE, AMERICAN RED CROSS

Red Cross Nursing in the Philippines

HERE in my room, safe and quiet, one cannot realise the destruction that the wind is no doubt causing in other parts of the city and other sections of the Archipelago. In our office this is true, too, and at Malacanang, the Governor-General's palace, where I spent an hour just before noon. Both of these places are on the Pasig River and sheltered from the wind, but No. 7 typhoon signal is up. This denotes that the storm is almost upon us, and even if Manila does not get the full force of the typhoon some of the provinces are surely getting it in all its fury.

We are planning to leave, tomorrow noon, on a Government boat to make an inspection of the Health and Rehabilitation Units, but now we shall not be able to get away. By we, I mean Mr. and Mrs. Swift, Dr. Abad and myself. Mr. Swift, Assistant to the Vice-Chairman, Insular and Foreign Operations, National Headquarters, has been in China for two months with the Red Cross Commission, which was making a study of famine conditions. They will spend three weeks here, and we want Mr. Swift to see the units and also get a good idea of the transportation difficulties and other problems which have to be faced in the Philippines. This typhoon seems to have been arranged for him.

Well, it was not so bad in Manila as we expected it would be. The mountains on the Eastern Coast diverted the typhoon to the south of Manila. The rain has been very heavy, however, for two days, and the lower sections of the city are badly flooded. . . .

This afternoon we visited three towns and their barrios which had been reported to us by the Governor of the Province by telegram as being badly affected by the flood which had covered the entire section. . . .

The water must have swept through there with great force and swiftness, as the people could not get away rapidly enough after it began to rise. Many of them had to take refuge in the trees. The Chief of Police, a gentleman who was very wisely in his bare feet, walked us through slimy mud to one of the barrios of Montalban, the place where the houses were washed away and the people climbed the trees. This man told us stories of many thrilling escapes. One boy was peacefully watching his carabao (ox) along the river bank when the water rushed upon him. The carabao was strong enough to swim ashore, but the boy could do nothing but grasp a bamboo pole which floated by and, clinging to this, he was carried along down stream to the town of Mariquina where he, fortunately, was able to reach land.

RED CROSS NURSES AND DENTISTS LEAVING FOR THE MARIQUINA FIRE, WHICH TOOK PLACE ON MARCH 30, 1929

I saw people today literally walking on the water. When we were some distance from the bridge which crosses the Pasig River at Pateros, we saw what had appeared to be a large area covered with collapsed houses. Many people were digging, pulling and lifting pieces of timber. Others were dragging or carrying it away. As we drew nearer I said: "Let us get out and see just what it is." Then Dr. Abad exclaimed: "Why! that is not land, that is water, so the débris cannot be floating houses." Then we reached the bridge and found that he was right. Great trunks of trees, pieces of bamboos, roots, branches and a great conglomeration of wood of all kinds covered the river which, at this point, was about 200 feet wide. For a distance of not less than 400 or 500 feet it was packed so solidly that it was like a raft. Some of the men hacked and dug holes large enough so that they could stand in the water, which

was not above the waist. There were several hundred men and women digging and chopping; some were drawing tree trunks from the shore and were sawing them lengthwise; others were carrying their booty away in cars. Many had great stacks of smaller pieces on their heads, while directly under the bridge were dozens of bancas (small canoe-like boats) which were being loaded as rapidly as possible, after which the boatmen paddled away down the river which was, of course, open on the other side of the bridge. I wondered how it was possible for the water, as it came sweeping down, to collect such a large amount of driftwood and the bridge withstand the impact. When it reached the bridge it jammed, and there it lodged. When we arrived on the scene the people were working like beavers, only tearing down instead of building up. Mr. Swift, fortunately, had his camera, so we shall have some pictures.

SO writes Pansy V. Besom, Director of Nursing, Manila Chapter, A. R. C., Philippine Islands, under date of September 6.

One can see by this report that Miss Besom and her large staff of nurses are not only needed for public health nursing, teaching home hygiene and care of the sick and looking after other nursing activities of the Chapter, but they have a great amount of disaster work. There are sixty-one nurses employed under the auspices of the Manila Chapter, all natives of the Philippine Islands, scattered through a large number of provinces.

This typhoon of which Miss Besom writes occurred on September 2. Reports reaching us indicated that the destruction had been very serious in many places. The press speaks of this particular typhoon as "one of the most vicious ever seen," which must be saying a good deal, for the Philippines seem to have more than their share of destructive storms. The Chapter immediately responded to the needs by sending relief units to the points which seemed to be the most seriously affected. Not only was there a serious typhoon, but in certain places tidal waves followed which caused much destruction.

The narrative reports of the nurses who are employed by the Chapter are filled with interesting accounts, frequently dramatic in their character, of the work that they are doing among people in the more isolated provinces. The Chapter is maintaining five health and rehabilitation units in districts that so far have not been covered by public health nurses. The conditions under which the nurses work are not only primitive but they are accompanied by dangers of unusual character. For example, one nurse states:

> Transportation is very hard; our baggage was carried by cargadores on their backs or heads; carabaos are also employed. The country is rocky and mountainous. In passing from ——— to ——— I hiked, passing through hills and forests for twelve kilometers. As an advance agent, I always go two or three days ahead of the party. (The party consists of doctors, dentists, nurses and relief workers.)

THE RED CROSS NURSE ACCOMPANIED BY DENTISTS AND ASSISTANTS USES THE CARABOA AS A MEANS OF TRANSPORTATION THROUGH THE JUNGLES IN THE PHILIPPINES

It can easily be imagined that the path of the advance agent is not over a bed of roses.

We could continue to quote from the reports of these nurses, all of whom tell stories equally interesting and equally as dramatic. For example, one nurse states in speaking of one particular place:

There is not even a single toilet except in the school and in the domestic science building. Much time has been devoted by us to public meetings, sanitary surveys, educational health campaigns and lectures in the schools.

Another nurse writes:

When we were just a few hours from Batanes Island, we were caught by a typhoon, so that it was impossible for us to continue our way. We tossed on the channel for nearly ten hours, until the captain decided to return to our former hiding place. Here we stayed five days. Every night we tried to cross the channel, and on the fourth we succeeded, although there was still a typhoon signal out.

One could continue at length, repeating incident after incident, of the work done by these Filipino nurses, as well as the dangers they encounter.

Away from the Office

THE Director of the American Red Cross Nursing Service has had an unusual privilege during the past month: first, in attending the convention of the New York State Nurses' Association at Buffalo, where she not only had an opportunity to meet many of the local committee members at a round table but also to see a most beautiful processional of nurses, enhanced by an unusual environment, for the Red Cross Rally was held in the Consistory of the Masonic Order. Here in this unusual and impressive environment seven hundred student nurses in uniform, preceded by over two hundred graduate nurses wearing the historic Red Cross uniform, took their places in the seats on the floor of this wonderful building. It was an inspiring occasion and a most attentive audience. From reports that are reaching us from the committee, we understand that a great deal of interest was aroused among nurses who had not enrolled, but who were eligible, as well as among the students.

The meeting of the Southern Division of the American Nurses' Association, held in Birmingham, Alabama, was another occasion of unusual interest. We had the privilege of meeting a large number of Red Cross nurses, especially at the Red Cross luncheon, where between one and two hundred assembled to do honor to the organization of which they were members. Here again we had the privilege of meeting many members of our local committees, as well as participating in the program at a general session, and attending a most delightful banquet characterized by a spirit of friendliness and good cheer. There was good music, as well as good food, a few speeches, but very short ones, all in the spirit of the occasion.

No Fee for Enrollment

FOR the benefit of the readers of this Department, we will make an attempt to answer some of the questions which were raised on these occasions by members of our enrollment. For example—we were told "that many nurses did not enroll because they could not afford to pay the dues." We cannot imagine how anyone could get the impression that an enrollment fee is required. In fact, the Red Cross Nursing Service is about the only organization which one can join without paying initiation fees or dues. Not only do we welcome a nurse into our enrollment without an accompanying fee, but we lend her a badge which she is expected to wear on certain definite occasions. This badge carries the number which corresponds to the number of the enrollment. We also issue an appointment card to the individual which indicates that she has been accepted as a member of the enrollment.

Possibly the annual membership Roll Call has been confused with enrollment in the Nursing Service. They

are separate and distinct procedures. The National American Red Cross, in order to continue its program of good work, must have money. Therefore, it conducts an annual membership Roll Call. All Red Cross nurses are expected to join. As this only requires one dollar, it would seem possible for every nurse to complete this formality each year.

Another question concerned the physical examination. We were told "that the preliminary physical examination was a great expense, and if we would accept the examination of the school from which the individual graduated it would make it much easier for the new enrollments." Again we repeat that we have made a desperate effort, in order to encourage the young graduate to enroll, to have her submit the final "physical" made by the school. We will accept this for one year after the individual graduates. By adopting this plan, we not only relieve the nurse of the expense of having a subsequent physical examination made, but we encourage the schools to complete their record of the nurse by having final "physicals" made.

There were many other questions, but these two seemed to be troubling a good many people. Therefore, we hope that they will have an opportunity to read this Department.

A Loyal Red Cross Nurse Answers the Last Call

ANNA M. McGEE, a member of the American Red Cross Nursing enrollment since 1912, died at her home in Schenectady, N. Y., October 28, 1929. She was actively interested not only in the Nursing Service as a member of our Local Committee, but as a teacher of the Red Cross Course in Home Hygiene and Care of the Sick, and one of our most active chapter workers, having managed with great success recent membership roll calls. Prior to the organization of the present Red Cross Nursing Service, Miss McGee nursed during the Spanish-American War. It is with sorrow that we record the passing of Miss McGee, for a more devoted and faithful worker never lived.

Enrollments Annulled

THE enrollments of the following American Red Cross nurses have been annulled, but their appointment cards and badges have not been returned. It is to be noted that appointment cards and badges always remain the property of National Headquarters, and their return is requested when enrollment is annulled: Esther Jean Lang; Mrs. Allen J Larkin, *née* Sue H. Scheidel; Mrs. R. E. McCook, *née* Martha W. Stokley; Mrs. Susan Agnes McDermott, *née* Loftus; Ethel Agatha McGowan; Florence W. Madden; Hazel M. Marsh; Mrs. Cora Mead, *née* Olds; Mrs. Cathryn M. Monnier; Laura Moody; Eva Ellen Murray; Mrs. F. V. Murray, *née* Irene Emily Savary; Etta May Myrick; Mrs. I. J. Nachtigall, *née* Hazel Irene Dolan; Isabel Needham; Mary Eolina Nelson; Mrs. Charles E. Nelson, *née* Nora Florence Vogel; Mrs. E. A. Nicholson, *née* Florence Marie Bands; Mrs. Frances Beecher Nickerson, *née* Hall; Mrs. Lucy May Nolte, *née* Slade; Mary Jessie Norman; Anna Katherine Norton; Marguerite Estelle Norton; Mrs. G. W. Norton, *née* Violet Irene Munn; Mrs. Jerry O'Brien, *née* Anna A. Swetish; Agnes Elizabeth O'Connor; Mrs. Alice Odle; Amalia Oberlund; Mrs. Elof Olson, *née* Ida Katherine Barnett; Margaret Catherine Olsem; Mrs. Ethel Orme, *née* Beard; Mrs. Mary E. Otto, *née* Crawford; Mrs. W. L. Outzer, *née* Anna T. Smith.

Student Nurses' Page

The Soliloquy of a Clock

MARIE CORZINE AND MINNIE HARRISON

Peoria State Hospital, Peoria, Ill.

"OH! but I'm tired, 'tis New Year's Eve and Old Father Time is about to bring to a close the old year and to give us a new. I said I was tired, I am—but I'm happy too. I feel that if I should die as they ring the old year out, I should die happy, for few clocks have seen and experienced the wonderful sights that I have. I have been a witness to many scenes of happiness, especially during this past week. I have been here at the Peoria State Hospital almost since its beginning and I have never seen its inmates made any happier than during this past Christmas week.

"Christmas is a time which can be made either the happiest or the saddest time of the year for the patients. It is a time when we all think of home and, being away, we sometimes feel forgotten. This year an effort was made to make it one of the happiest times of the year and to help the patients to forget. A whole week of entertainment was given, filled to the brim.

"Every effort put forth added just a little more to the happiness of each individual. Some expressed their happiness by smiling, others by crying. Some apparently were unmoved, but only their facial expressions were unmoved because I knew a man once who was insane for several years and he remembered everything perfectly and appreciated the kindnesses done to him but just couldn't express it.

"For the past few years I have spent my time at the amusement hall, so it did my heart good to see the decorations begin here for Christmas. A tree was put up in front near the stage and the stage was decorated to suit the different types of plays to be given. Really the hall was made to look like Christmas itself and one would almost develop the Spirit of Christmas on entering the building.

"The hall wasn't the only thing that was decorated, either, because I heard the patients talking about how beautiful their wards looked.

"The week of entertainment began on Friday before Christmas. A dance was given for the patients which they especially enjoyed because it was their special Christmas dance. Saturday, at 2 o'clock in the afternoon, a picture show, "Baby Mine," was given. The patients were unusually quiet and I'm sure enjoyed it because I did myself. It may seem strange to you that a clock, especially an old one, could enjoy anything but I have a face, two hands and lots of eyes, so you see it's not so impossible after all.

"Sunday, the patients attended their respective church services. This helped bring to them the real meaning of Christmas. You may think they

did not care so much for this, but they did. To so many of them their religion means more to them than anything else.

"On Monday, everyone was in a high pitch of excitement. That night was to be the big entertainment of the patients. This was supervised by the Occupational Therapy director but the play was given by the patients. Christmas carols were sung by the students of the school for nurses. The room was darkened and each girl carried a candle. It made a very pretty sight as, robed in white, they all marched slowly down the aisle and on to the stage, singing softly as they marched.

"Tuesday morning (I heard them say), as soon as the work was done, the patients were given their treat which consisted of candy, nuts and oranges. Many 'thank yous' were said and those who were too depressed to talk, usually smiled. At dinner they were served chicken and everything else that goes with a good Christmas dinner. From the remarks made in my hearing I'm sure it was well enjoyed by all.

"On Tuesday night, the Nurses Training School entertained with a three-act play, 'A Little Excitement.' Between acts were given music and readings. The patients remained very attentive and quiet and seemed to enjoy the program immensely.

"Various other entertainments were given throughout the week which I will not have time to tell about and tonight, New Year's Eve, there was a dance—first for the patients and then for the employees, followed by a watch party. The patients have all gone home and it is almost time to ring the old year out. I hear the bells now and I will express my feeling in the words used the other day by Kelly, an Irish patient, 'Merry Christmas and a Happy New Year, begorra.'"

Christmas in Our Hospital

ALMA MOELLER

Lutheran Hospital, Fort Wayne, Indiana

FROM the first preparations the very atmosphere was filled with Christmas spirit. As the month advanced, our dear principal kept us students full of joyful expectancy by, twice weekly, posting telegrams received from Santa Claus. Every one was thrilled and began to make plans for the great day.

A few days before Christmas the various classes helped decorate the parlors, halls, library and dining halls. What student could feel blue when helping to trim the home and smelling its spicy pine fragrance? The general holiday spirit was abroad, each girl was happy, thinking of spending a Christmas away from home, whether she were a Senior, Junior or Freshman nurse.

On Sunday, every one was talking of the last telegram on the bulletin board, announcing Santa Claus' arrival by aeroplane on Christmas Eve.

When the students arose, that morning, all were agreeably surprised by finding a candy cane on each door knob. All reported on duty with a spirit of thrill and enthusiasm for what our principal might have in store for us next. At the designated time of Santa's arrival, we were all on time, time off duty having been arranged by turns. At the sound of

Santa's sleigh bells and carol singing by a group of nurses, we entered the room where, glistening in all its glory, was a large lighted tree, with hundreds of gifts and packages distributed everywhere. We had a musical program and a Christmas prayer by our chaplain; then the gifts were distributed.

At about 5 o'clock, a quartet of nurses sang Christmas carols in the corridors of the hospital. We were awe stricken when we entered our large dining room, the first Christmas in the new building. The decorations were so complete, we forgot that we were in a hospital dining room.

On Christmas morning, we were all awakened early by nurse carollers, singing in the corridors of the home and awakening the principal to wish her a "Merry Christmas." Our daily morning service conducted by our principal, was held around the lighted tree. Surely we can say the blessings of the Christ Child rested on us as we so quietly celebrated the Birthday of the Saviour. Immediately afterwards, the entire school sang outdoors, assembled around the lighted evergreen tree on the lawn. If a nurse could not yet believe that it was Christmas, when she joined in singing "Joy to the World" and "Silent Night" out in the clear frosty air of that morning, then at least she knew that she was filled with joy and that it was His birthday.

After this, the hot breakfast was thoroughly enjoyed again amongst the evergreen decorations of the day.

Each nurse had a half-day off duty and many went to church, and in the afternoon to homes of relatives or friends; by others, the radio was enjoyed. Indeed, every minute of time was filled with something to do; no one had time to feel homesick or blue, even though some were, for the first time, several hundred miles away from home. Wednesday and Thursday were busy days for the Junior class, since they were the entertainers for the school party on Friday evening. The program of their party was kept a secret until the hour came, and they announced they were giving a playlet, for each month of the year, of course December ending with a Christmas party, when Santa Claus arrived and invited us to come to Santa-land, all decorated (one large demonstration room, which we did not recognize as such then). All were seated at small tables, our faculty in the center, and delicious "eats" were served. Talks were given by our faculty members, and each class president, and Santa remembered each one present with a small gift. But this did not end the holiday; our candies, nuts, and fruit lasted until New Year's and on Sylvester Eve we saw the New Year ushered in.

The remembrance of these happy days will remain in the minds of all of us for months, yes, even years, especially those of us who spent their first Christmas far away from home.

Many a girl learned that our nurses' home could be transferred into almost a real home. We thanked our superiors, especially our principal, for making us so happy at this time, the Christmas spirit was over all and in all, and we felt like saying, with Tiny Tim, "God bless us, every one."

Questions

There seems to be considerable doubt about the recording of nurses' registration in the various states. So many of the nurses wonder if recording is necessary. If so, why?

Answer.—There should be no doubt about the necessity of recording a nurse's registration, as it is our understanding that where this is required, it is written into the law. In this event, a nurse's registration is not considered complete until she has complied with the law. May we quote, for example, from the New York State law in this connection: "Before beginning to practice nursing every such registered nurse shall cause such certificate to be recorded in the County Clerk's office of the county of his or her residence with an affidavit of his or her identity as the person to whom the same was so issued and of his or her place of residence within such county." Concerning Arizona, in the latest copy of the nursing code for this state (which is effective July 21, 1927) on file in this office, we do not find any clause specifying that recording of nurse's registration is necessary. As amended by Chapter 29, Laws of 1927, "All persons who have duly received licenses or certificates in accordance with the provisions of this Act, shall be known and styled as registered nurses, et cetera."

Should a nurse record her graduation diploma?

Answer.—We know of no reason why she should do so.

Is it necessary to record your registration in more than one state?

Answer.—Yes. In every state in which registration is desired and in which this is required.

ALMA H. SCOTT, R.N.,
Field Secretary of the American Nurses' Association.

Evaporated Milk

THE marked increase in the use of the concentrated milks indicates their importance from the public health point of view. One and one-quarter billion pounds per year of unsweetened evaporated milk is consumed in our country.

Canned foods of all kinds have received a clean bill of health. The methods of production are above reproach, and any loss in nutritive value in canning is negligible.

The preparation of evaporated milk from good, clean milk near the source of production, and the promptness with which it is evaporated, are among the factors which make it the safest supply. From the economic point of view, evaporated milk is the most efficient, and this industry assists in stabilising the whole dairy industry.

The average consumption of whole milk cannot be brought to the optimum by alone urging the drinking of milk. The use of milk in prepared foods can be made a more important factor than it is now. Evaporated milk is the logical whole milk supply. Its concentration, smoothness and flavor admirably adapt it to this purpose. Its convenience makes for increased usage.

Infants require a safe, digestible, uniform and nutritious milk—qualities found in evaporated milk.

There is no important loss in nutritive value when raw milk is evaporated. The protein and fat are made more digestible.

The public health value of evaporated, and other concentrated milks, was fully demonstrated during the World War.

Evaporated milk is no longer to be recommended only when raw milk is not to be had. It has a definite place in the nutritional economy of the family and the nation.—From "Evaporated Milk and Its Relation to Public Health" by Frank E. Rice, Ph.D., in the *American Journal of Public Health*, July, 1929.

The Open Forum

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words; anonymous letters are not considered

Christmas Breakfast at the Bailey Sanitarium, Lincoln, Nebraska

"MERRY CHRISTMAS!" and "Did you see the Christmas letter?" rang out simultaneously as the graduates of the Dr. Bailey Sanitarium (Green Gables) were received and welcomed by Dr. and Mrs. Bailey and the Superintendent of Nurses, Bernice Wallace. Pulses throbbed with the renewal of friendships at the annual homecoming Christmas Breakfast, a custom started in 1901, when this training school was the only one in Lincoln. We entered the candle-lighted dining room led by Dr. and Mrs. Bailey. The student choir softly sang the Christmas carols with heavenly beauty as nearly one hundred guests gathered about the tables. Following the blessing by Dr. Bailey, which again renewed the family tie of interest and friendship, a most delicious breakfast was served. Carols were sung between courses, and the laughter and chatter indicated genuine appreciation and happiness on coming back to Green Gables for Christmas Breakfast.

The graduates cherish the song composed by Dr. Flannigan and sung to the melody of Marchetta: "Green Gables, Green Gables, our home for so long."

Christmas time is reserved for family life. The invitation to this breakfast made me feel that I was accepted into the bosom of a large family. It will be one of the outstanding memories of my first year in Nebraska. "I was a stranger, and they took me in" was a reality in a newly adopted state. Some of the pioneer nurses who have labored long and hard for higher standards in nursing education in Nebraska are graduates of the Bailey Sanitarium. The personality of true pioneer workers is recognized in both Dr. and Mrs. Bailey, through their graduates. No wonder there is a spirit that brings graduates from long distances to attend this annual Christmas Breakfast.

Nebraska. PHOEBE M. KANDEL.

Choose Your School with Care

IN my fifteen years' career as a nurse, perhaps no one thing has made me more indignant and disgusted with one of my own profession than the article written by B. V. J. in the October *Journal*, under the title "Choose Your School with Care." Her career indeed must have been brief and her experience limited. I am a graduate of a small hospital and have been connected with large and small hospitals. I have found that, as a general rule, the morale of a small hospital is far better than that of a large hospital. That is to be expected and is no fault of those in authority. The reason that small schools are often condemned is because they are usually located in a small town, and in a small town your business seems to be everybody's business, and as Charlotte Aikens says, in her "Ethics for Nurses," "Some women know of no great things to talk about and so they talk of small things as though they are great." Small things are enlarged on until they are circulated as scandal. I could relate experiences about graduates from a large hospital similar to those B. V. J. related, for we have had graduates in our employ from large hospitals who had to be dismissed because of their immoral conduct. You, B. V. J., belong to the same profession as these nurses you have described. Would you like to have the public judge and censure you, as you are judging and censuring the small hospitals? Why not do something to remedy the situation? You are not elevating the standard of your profession by making these things public. Why not report these things to the Board of Directors or to the State Board of Registration and Education?

E. B. W.

Illinois.

The Joy of a Hair Ribbon

SOME days ago my servant looked so sad that I asked if she were sick. She always stoutly assures me that she is all right no matter what is the matter. At length she yielded me her confidence—the feast day was at hand and her youngest children were begging for a hair ribbon apiece—not a new one for, poor little things, they had never had a real one. After talking to the mother on the importance of what was inside their heads rather than outside, I bought two scarlet silk

hair ribbons — just ten cents each — but brilliant! When the mother came back, I showed them to her. She said: "They will smile so broad, they can't stop if they get those on." She had bought some cheap goods to make them each a new suit. Her married daughter agreed to do the sewing for them. To their astonishment this older sister did some careful shopping and used the goods that the mother had bought for a lining and gave them each a bright gold-colored, near-silk waist with blue trimming and a black net skirt over pink lining. The hair ribbons were a last grand surprise. When they were arrayed in the new clothes their mother brought them to call, and I wish you could have seen their faces as well as their dresses. They were so happy they could scarcely speak. The mother said: "The first time in all their lives, they were so dressed up."

LILLIE O. LATHROP.

Kunsan, Korea.

The Thermos Bottle as a Step-Saver

A THERMOS bottle is a convenient thing for a nurse to own. Mine has saved me many a step. When hot water or cracked ice, or a cool fruit drink is needed by a patient, in small quantities, at frequent intervals, an ordinary quart bottle will often furnish a twenty-four hour supply, easily available.

MRS. W. D. SAWTELLE.

Maine.

Following the Journal's Field Representative

(From a personal letter)

I FIND that following her is like following an evangelist. The brethren are all confessing their sins of omission and pledging their future allegiance to her and what she represents. They recite innumerable benefits received from her visit and I find they have carried the message to their less fortunate sisters in the towns not included in her itinerary.

W.

North Carolina.

Journals Wanted

ADDA ELDREDGE, Bureau of Education, State Board of Health, Madison, Wis., wishes to secure copies of the *Journal* for January and April, 1907.

S. Belle MacCallum, Butterworth Hospital, Grand Rapids, Mich., will pay for the following volumes of the *Journal* (Write to her before sending.): Vol. IV, Vol. VI, Vol. VII, Vol. IX, Vol. X, Vol. XII, Vol. XIII, Vol. XIV, Vol. XV.

Celia Crans, City Hospital, Akron, Ohio, wishes to secure the following copies of the *Journal:* All the numbers for the years 1910 through 1914, and also 1915, June, July, August; 1916, February, March, April, September; 1917, October, November; 1919, October; 1921, May, November, December.

Journals on Hand

EVA I. HEGEMAN, 317 S. Walnut St., Bucyrus, Ohio, has the following copies of the *Journal* which she will send for the cost of transportation if wanted soon: 1923, November, to the present time.

Hannah E. Nyman, 338 Prospect Place, Apt. B. 2, Brooklyn, N. Y., has the following copies of the *Journal* which she will send to anyone who would pay the postage: 1924 through 1928, complete, and 1929 to the present time.

Dr. James E. Sadlier, 295 Mill St., Poughkeepsie, N. Y., has a collection of the *American Journal of Nursing* from the library of the late Katherine O'Neill, R.N., which he is offering for sale, *in one lot*, the proceeds to be used toward the Katherine O'Neill Memorial Auditorium, St. Francis' Hospital, Poughkeepsie. Offers for the entire collection should be sent to Dr. Sadlier before February 1. They are as follows: 1904, August through December; 1905, January through July; 1906, March through December, except June; 1907, complete except March; 1908, complete except March; 1909, complete; 1910, January through April; 1911, October through December; 1912, February and March; 1923, October through December; 1924, complete; 1925, complete except January; 1926, January through August and December; 1927, February; 1928, complete; 1929, January, April, May.

Abstracts

George Gray Ward, M.D.: Radium Therapy of Carcinoma Uteri; Ten Years of Clinical Experience and Results at the Woman's Hospital, New York. (*The American Journal of Obstetrics and Gynecology*, January, 1929.)

Our results force us to believe that the employment of massive doses cannot show any better results than the intelligent application and reapplication of smaller doses.

We start with the principle that every case of cancer of the cervix is a study in itself, and that frequent personal observation by the surgeon directing the treatment is absolutely essential to obtain results, and this personal contact must continue throughout the period of cure. As we cannot say when any case is permanently cured, this means the patient should be under observation at regular intervals throughout her life, if she would be safe, as we believe we have obtained our results by this constant watching, enabling us to discover a recrudescence of the disease in its early stages long before the patient would be aware of the symptoms. . . . If there is an opportunity to plant a radium needle in a suspicious area at the onset of a recurrence, the problem is much simpler. We, therefore, believe in repeated reradiations as often as indicated. Nearly fifty per cent of our cases have had more than one application, and many of our successful cases have had three or more irradiations.

As we are familiar with what the postradiation picture should be at the end of each month, we think we can tell from the general appearance of the growth whether the several stages of hyperemia, local sloughing, separation of the slough, and healing process with final cicatrization and marked contraction, which represent the phenomena of irradiation of the cervix by radium, are progressing satisfactorily.

. . . . Our technic of application is simple. We employ brass and rubber screening of the radium tube and distance screening with vaginal gauze for the protection of the bladder and rectum. We believe anchoring of the radium tube by suture is an important detail. . . . We have found a self-retaining catheter, inserted in the bladder during the time of the radium application, is most satisfactory to all concerned.

Many of these patients are suffering from toxic absorption and are cachectic and anemic. During the sloughing stage of the radiation process, there is necessarily an increased absorption of these toxins with resulting septic fever and an increase of the debilitated state. We have found that blood transfusion is an important adjunct to the irradiation in enabling these patients to combat this sepsis more successfully. Wherever possible, we give these cases 500 c.c. of blood before their discharge from the hospital.

An important detail is to get the patient up early to favor drainage and to give careful instructions as to repeated daily douches of potassium permanganate solution to favor separation of the slough, to deodorize it, and to stimulate tissue growth. . . .

Observations during ten years' experience with the personal follow-up of our cancer cases has enabled us to form certain definite opinions as to what we may expect from radium therapy, and I have selected the following cases as illustrative examples of our experience from a special file labeled "remarkable cases."

(a) *Hopeless Cases.*—We have learned to reserve judgment on the outcome of the apparently hopeless cases. (4 cases cited.)

(b) *Repeated Irradiations.*—Our monthly inspections have enabled us to discover an early recrudescence or recurrence so that we can apply radium in time to stop the progress of the disease before it has gained headway and given symptoms. We have many examples of this. (6 cases cited.)

(c) *One Treatment Only.*—In contrast to above cases of repeated irradiations being necessary, we have some noteworthy instances of a single application of a moderate dosage resulting in a remarkable result. (4 cases cited.) . . . .

(g) *Postradiation Hemorrhage.*—We must expect the possibility of hemorrhage at the time of the separation of the slough resulting from irradiation. Usually this is not marked but occasionally it may be severe, requiring prompt packing and transfusion. (1 case cited.)

(h) *Fistulae.*—The occurrence of fistulae is an unfortunate complication of irradiation, although it is difficult to say whether the fistula develops as a result of the therapy or of the disease. Both are undoubtedly factors in some instances. As our experience increases in the application of radium we should expect a decreasing percentage of these sequelae. . . . Our experience has been that the rectovaginal fistulae will tend to heal spontaneously, while the vesicovaginal will persist but may be closed by operation. (2 cases cited.) . . . .

The rôle of chronic irritation as an etiologic factor in the development of carcinoma makes it imperative that lacerations and erosions of the cervix should not be neglected. . . . We believe that the immediate repair of cervical lacerations when done under proper conditions, as in a hospital, will lessen the danger of subsequent development of carcinoma in the cervix.

We wish to sound a warning as to the real danger of the indiscriminate application of radium by those inexperienced in its use. We know of several instances of serious permanent damage being done through the careless and ignorant application of radium by those not qualified. (1 case cited.)

A New Remedy for Anemia. (*Science*, September 27, 1929.)

Dried stomachs of hogs are soon to vie with livers as the saviors of sufferers from pernicious anemia. This newest anemia remedy, made from one of the few unused parts of hogs, has just been developed and announced by Drs. Cyrus C. Sturgis and Raphael Isaacs, of the Simpson Memorial Institute for Medical Research of the University of Michigan, and Dr. Elwood A. Sharpe, of the Department of Experimental Medicine of Parke, Davis and Co. An ounce of extract from the dried, ground stomach of hogs is as effective a remedy in pernicious anemia as a pound of raw liver or three ounces of the most concentrated liver extract yet made. This is the latest step in the conquest of a disease, pernicious anemia, which a few years ago was in the category of the unvanquished ills of mankind. . . .

The new extract from hog stomach is not yet commercially available, but it will be far cheaper than liver or the costly liver extracts on which pernicious anemia patients until now have been dependent. Hogs' stomachs are largely a waste product, finding only slight use in the production of pepsin. The dried extract is practically tasteless and looks something like sawdust particles. Beef stomach and ox stomach are sold as tripe, which is a familiar food to many. Hog stomach, which has a different structure, is ground and dried to make the new extract. An immediate increase in the number of red blood cells took place when this dried hog's stomach was fed to patients suffering from pernicious anemia. The increase was even greater than that following liver treatment. The new remedy for pernicious anemia was partly inspired by the work of a British scientist, Dr. W. B. Castle.

Eating Habits

THE problem of building up eating habits . . . has two main aspects. The first objective is to train the child to eat the proper kinds and amounts of food. The second objective is to train him to eat in a manner which is socially acceptable—that is, he must learn as he grows older to sit at table, to use the proper utensils for handling his food, to keep his place and his person tidy. He should be conditioned to proper times and places for eating. When admitted to the family board he must

"Behave mannerly at table
At least as far as he is able."

His ability will largely depend on the type of training he has already received.—From "Parents and the Pre-School Child," p. 47, William E. Blatz. Publishers: Morrow & Co.

The Effect of Liver on Blood Sugar in Diabetic Patients

SUMMARY.—Liver is now known to have a beneficial effect on the blood sugar of diabetic patients, whereas previously it was considered as an unsuitable article of food for these patients.

Four patients with diabetes, taking liver daily, or from three to five times a week, have been observed with repeated blood sugar determinations for approximately one year, while two were followed for twenty and thirty days. It was found that the blood sugar in these cases remained at a lower level than it did previous to liver treatment.

These observations suggest that liver contains a blood sugar reducing substance, active when taken by mouth, non-toxic, and with an effect on the blood sugar similar to that obtained with insulin.—Harry Blotner, M.D., in the *Journal of the American Dietetic Association*, September, 1929.

The Thirtieth Anniversary of the Nursing Education Department, Teachers College, New York

DEAN RUSSELL expressed the feeling which was uppermost in many minds during the conference on October 30 and 31 when he said that for him the whole history of nursing education in Teachers College centers about three or four outstanding personalities.

For the story of the development of this department is one of personalities: of Mrs. Robb and Miss Nutting who had the "faith which conquers obstacles"; of Dean Russell who was willing to believe in their plan for the training of executives and teachers in nursing schools; of Mrs. Helen Hartley Jenkins who by her generous endowment made possible the Nursing Education Department of Teachers College as we know it today; of Miss Wald who with her great interest in the fields of Visiting Nursing, School Nursing, and other forms of public health, brought to Mrs. Jenkins' attention the need for specially prepared workers in these fields; and of Miss Stewart who now guides the ship with so much ability and devotion.

In honor of "four of the founders" a very pleasant tea was given on the afternoon of Thursday, October 31. Miss Nutting, Miss Wald and Dean Russell were present, Mrs. Jenkins most unfortunately being unable to be there. There was a distinct and delightful atmosphere about the occasion and it was rather thrilling to watch old friendships being renewed, old times recalled, and new plans conceived under those pleasant and informal auspices. Not least interesting of the features of the tea were the signatures of the many notable persons present which were gathered together for the archives of the History of Nursing Society. The wonderful exhibit from the Adelaide Nutting Historical Collection shown in an adjoining room will be described in a later issue.

Anniversaries are often occasions for reminiscing and for dwelling on past glories, but that was not the spirit which animated this anniversary. It was an attempt to bring together the various professional groups interested in health work, with the idea of studying some of the problems arising in connection with interprofessional relationships. It was also an attempt to outline policies upon which these professional groups might proceed in carrying on a coöperative health program.

MRS. HELEN HARTLEY JENKINS

There were two important meetings during the Conference, the session on Wednesday morning when concrete situations involving interprofessional relationships were presented, and that on Thursday evening when underlying social philosophies were discussed.

Mary Gardner, R.N., Director of the Providence, R. I., District Nurse Association, presided at the Wednesday morning session, contributing greatly to the discussion and most alertly and effectively keeping it to the point and summarizing it at the end. Speakers from ten related health fields described present relationships in their particular fields and explained some of the difficulties.

Dr. Abby Porter Leland, speaking as a public school administrator, enumerated the various groups coöperating in health work in public schools and gave it as her opinion that both health and motor activity should be taught by one person. Later in the discussion Dr. Leland referred to the fact that it should be possible for classroom teachers to have better preparation for teaching health than they now have.

Dr. Clifford L. Brownell described a very interesting project being undertaken in Ohio, to draw health service, health education and physical education into one department under one county supervisor of school health and physical education. He felt that training of all those in health work should be better coördinated, and referred to one university which is making an effort to bring these groups together in certain courses, in order that they may be working toward the same ends. He

DR. JAMES EARL RUSSELL

also told of one instance in which a course in school health is given for prospective school superintendents in order that they may have more appreciation of this work.

Mary B. Hulsizer, R.N., Instructor in School Hygiene, Newark, N. J., Board of Education, spoke of nursing groups particularly as they are related with other school and community workers. Originally brought into the schools for work in connection with the prevention of communicable diseases, the school nurse has had time to become well established in her position. This should make possible the working out of close relationships with other specialists interested in promoting health work who have come into the schools more recently. Miss Hulsizer stressed the importance of an open minded attitude among school nurses toward health work and urged improvement in both academic and professional education, in order that they might have the vision and understanding necessary as a basis for their work.

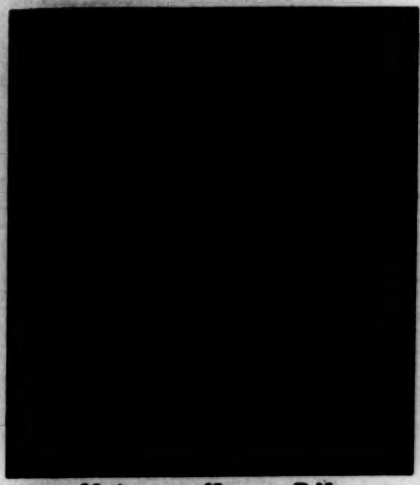
Mary G. McCormick, Supervisor of Health Teaching of the New York State Department of Education, discussed health teaching as the function of the classroom teacher and spoke of the few courses available in normal schools for preparing teachers for this function. To help in this work with children, Miss McCormick suggested a supervisor of health teaching who, in addition to teaching nutrition, would have sufficient understanding of the problems of the teacher to help her in selecting subject matter and teaching methods for health work.

Anna Whitney, Director of the Division of Health Education of the American Child Health Association, urged the development of the child's daily living as a series of positive health experiences with parent and teacher as agents in health teaching and with the nurse making their relationship a cooperative one.

Anna Kempshall, Assistant Director of the New York City Charity Organization Society, described the position of the family social worker as being midway between the family and the health worker. She considered it desirable for those interested in social problems and those interested in medical problems to work out together better methods of sharing diagnoses and plans for treatment of cases coming to their attention. Glee Hastings, Mental Hygiene Supervisor, Henry Street Nursing Association, explained the Mental Hygiene program for Henry Street nurses, which includes conferences, discussion, lectures, and visits to cases, and which has made it possible for them to recognise and refer problems of mental health in their incipiency.

Dr. Lois Meek, recently Educational Secretary of the American Association of University Women, speaking on Nursery School and Parental Education, described child development study as the outgrowth of the work of many specialists who are at present particularly interested in the pre-school child, because it is easiest to reach him and through him his parents. Dr. Meek particularly emphasized the need for bringing together all the aspects of child life, physical, nutritional, educational and sociological, and of presenting them so clearly that confused parents will have no difficulty in understanding them.

The many problems of the hospital field with its three distinct functions—the care of the sick, teaching, and research—and with its complicated organization, were discussed by Effie Taylor, R.N., Associate Professor, Yale University School of Nursing. Miss Taylor also described the committee of the administrative group which has been found to be



M. ADELAIDE NUTTING, R.N.

valuable in New Haven as a means for getting at some of these problems. The objectives of such a committe, of which the School of Nursing Committee is another example, are: better coöperation toward a common objective, better coöperation with each group in attaining its special objective, and better understanding of the contributions which each group is making to the whole organization and to each department.

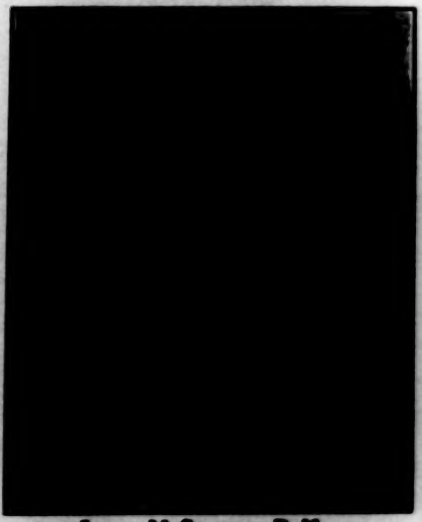
The values of such a committee were further pointed out by Miss Taylor. It would save much time and effort since, when groups reach a common understanding, duplication of time and effort can be eliminated. Such a committee would make it possible for opinions to be expressed and heard by the proper persons. It would also make possible a better understanding of the problems of research by the workers participating. It is essential, she went on to say, that each of the various groups which carry on a program of education within the hospital be financially secure. It is unsound for them to be dependent upon each other and at the same time to try to coöperate.

Dr. Shirley W. Wynne, New York City Commissioner of Health, urged a closer union between private physicians and existing public health nursing groups, with the aim of strengthening the public health work done by the private physician and also of increasing the opportunities for nurses as aids to the organization of this type of work. It is interesting to note in this connection that an experiment has already been started at the Bellevue-Yorkville Health Demonstration in which nurses will be placed in the offices of several private physicians to organize prophylactic work and health examinations.

In the discussion following, Professor Stewart asked for a frank statement of the greater problems facing this group in their relations with other professions. Inadequate educational and professional preparation, the lack of formulated standards, undefined methods, and differences in the backgrounds of the different professional groups were some of the problems which quickly emerged.

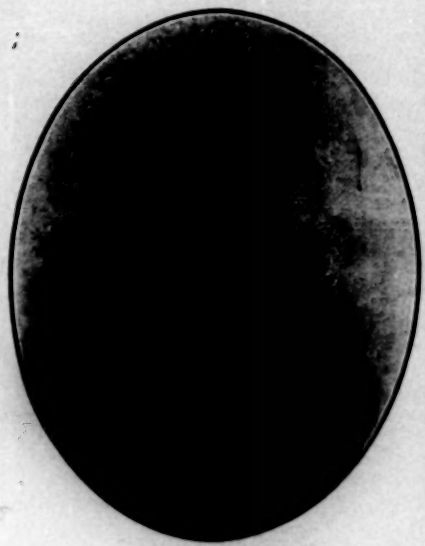
In summarizing the discussion at the close of the session, Miss Gardner called attention to the two major forces in health work today, centralization and specialization, and pointed out the dangers as well as the values of the latter, and the great necessity for each of the coöperating groups to analyze the part which it is to play if the whole is to function effectively.

The Thursday evening session was an historic one. Upon the platform were Miss Nutting, Miss Stewart, Miss Patty Smith Hill, Professor of Education, Dr. Mary



ISABEL M. STEWART, R. N.

Swartz Rose, Professor of Nutrition, Dr. Helen T. Woolley, Director, Child Development Institute, Dr. M. A. Bigelow, Director of the School of Practical Arts of Teachers College, Dr. E. L. Thorndike, Director, Division of Educational Psychology, Institute of Educational Research, Dr. Henry Suzzallo, Visiting Professor of Education, Dr. Thomas W. Wood, Professor of Health Education,



LILLIAN D. WALD, R.N.

and Dr. James E. Russell, Dean Emeritus, who presided.

Dean Russell gave a brief summary of the early beginning of nursing education in Teachers College and paid high tribute to the women who conceived and carried on the plan in the early days. Thirty years ago, Dean Russell reminded us, nursing consisted largely in the application of skills with very little background of knowledge. Now it is progressing to the point where there is enough knowledge to guide and modify these skills, and with this knowledge should come an ever-broadening conception of the function of the nurse. From the narrow field of ministering to the sick it is emerging into the larger field of improving human life and thus must deal with the mental and spiritual phases of human nature. Because of this it was highly significant that Dr. Thorndike chose to discuss the "Psychology of Human Relationships."

The whole purpose of Dr. Thorndike's discussion was to show how "servants in the house of health" may work together in order best to serve. He told of those tendencies in individuals toward mastery and submission which result in hierarchies of supremacy, and showed how such hierarchies are out of place in the house of health where standards and ideals replace supervision. He urged that native ability and training be considered in organizing workers rather than stupid adherence to caste. And finally he asked for an impersonal and objective attitude toward problems of coöperation, rather than a personal and subjective approach, warning against using one's profession as a pedestal for elevating one to personal greatness.

Dean Russell, in introducing Dr. Sussallo, spoke of health, not as a final aim of life or of education, but as one essential condition for the good life. It was for this reason that Dr. Sussallo spoke of the bearing of social progress upon the relationships between professions.

To be in keeping with the American ideal, Dr. Sussallo pointed out that the equality of opportunity which comes through education must be based upon the equality of opportunity which comes through health. With this aim in view, he proceeded to consider three factors which influence relationships between professions concerned with public health. The first of these has to do with the increases in scientific information which have resulted in specialization, for the specialist who fails to appreciate other fields of endeavor greatly endangers the whole. A second factor is the present attitude toward health education in contrast to the old "police-power" idea and the difficulty which lies in the reluctance of some of the older groups to part with the earlier prestige. A third influence has been the power which women are able to bring to this field.

The important thing, however, Dr. Sussallo went on to say, is not deciding where boundary lines between functions are drawn, but rather the performing of a service to the public. He described the characteristics of a profession as follows: The professional person must be prepared to handle crises. A profession does not consist of skills alone but requires of its members a capacity for intellectual and characterful resourcefulness which makes possible variations of technic. A profession must be coöperative and it must have an ethical code which makes the interest of the public paramount, but which also protects the worker.

At the end of the meeting, when Dean Russell paid a special tribute to Miss Nutting as the mother of the Nursing Education movement, the whole audience was carried to its feet in recognition of that tribute. It seemed a particularly fitting way in which to close the Conference.

News

Note.—News items should be typed, if possible, double space, or written plainly, especially proper names. All items should be sent before the 15th of the month preceding publication

American Nurses' Association

The Next Convention

Milwaukee next! June 9–14, 1930, are the dates set for the next biennial convention of the three national nursing organizations. It will be the twenty-seventh convention of the American Nurses' Association, the thirty-sixth convention of the National League of Nursing Education, and the fourteenth convention of the National Organization for Public Health Nursing.

Milwaukee.—When the Indians, following the shore of the clear blue lake, came to a place where three rivers join to empty their waters into Lake Michigan, they called the spot Mahn-o-wau-kie, or "good and beautiful land." Today Milwaukee is the fourteenth most populous city in the country, a modern, industrial community which yet has retained the charm of comfortable homes, of broad streets, of trees, and flowers, and parks.

Wisconsin Welcomes.—In welcoming the nurses to this "good and beautiful" city, Mrs C. D. Partridge, Chairman of the local Publicity Committee, writes in behalf of the Wisconsin nurses: "The Wisconsin nurses, having secured the 1930 national convention, are now grouping themselves into committees with one object—to entertain our visitors and to make them comfortable while in Milwaukee."

Housing.—There is ample hotel room in Milwaukee. That is good news, certainly. But, nonetheless, the well worn maxim holds good: *Make your reservation early if you want to be well placed.* A list of hotels appears on page 1526, and it will be noted that there is a wide selection. Here, however, are the cautions issued by Stella Ackley, Chairman of the Housing Committee: "No blanket reservations will be accepted by any Milwaukee hotel. All reservations must be accompanied by the names and addresses of the individuals who expect to occupy the rooms, and they must state the date of arrival in Milwaukee. Confirmation of reservations will be made by the hotel direct to the individuals who will occupy the rooms. When any hotel ceases to accept further reservations, the requests will be turned over to the Milwaukee Housing Committee for assignment. Accommodations as nearly like those specified as possible will be provided by the committee."

The Schroeder Hotel will be used by the boards and committees of the three organizations, and speakers will stay at the New Pfister Hotel.

Headquarters.—All meetings will be under one roof in Milwaukee. There is much cause for rejoicing in this news among the habitual convention goers who recall many other conventions, of one group or another, where it was necessary to dash from place to place for meetings. In rain or heat, with no margin of time for leisurely transit, the ardent convention member has had to cover the distance between meeting places.

The Milwaukee Auditorium, however, is a capacious building. It was selected unhesitatingly by the committee as adequate for the biennial. The auditorium is large enough to hold all sessions, joint meetings, organization meetings, conference groups, round tables; to provide rooms for small groups; and to house the commercial exhibit. There is even a lunch room on the floor where the exhibits will be held, so that nurses can remain in the auditorium during the noon hours, if they wish, and after their luncheon can visit the displays. Centrally located, in a city block bounded by State Street, Kilbourn Avenue, Fifth and Sixth Streets, the auditorium will be the apex of activity during the week of the convention.

Transportation.—The Convention Committee, composed of the Headquarters directors of

the three organizations, recommended that for the 1930 biennial, the transportation chairman be appointed from the Headquarters staff of one of the participating associations. This action, it was felt, would simplify the planning of transportation by facilitating contacts through Headquarters with the railroad representatives. Mrs. Alma H. Scott, Field Secretary of the American Nurses' Association, accordingly was appointed Chairman of Transportation. The plan of operation at previous biennials of grouping several states under one sub-chairman of transportation will be followed this year, Mrs. Scott states. The sub-chairmen are not appointed yet, but a tentative division of states has been arranged by Mrs. Scott in consultation with railroad representatives. These divisions, it is expected, will be as follows:

North Atlantic States: New York, New Jersey, Delaware, Connecticut, Pennsylvania, Maryland, District of Columbia.
New England States: Maine, Vermont, Massachusetts, Rhode Island.
South Atlantic States: Florida, Georgia, North Carolina, South Carolina, Virginia, West Virginia.
West Coast States: Washington, Oregon, Idaho, Montana.
Mountain States: California, Wyoming, Utah, Arizona, Colorado, Nevada, New Mexico.
South Central States: Missouri, Kansas, Oklahoma, Texas.
North Central States: Minnesota, Ohio, Iowa, Nebraska, Illinois, Wisconsin, North Dakota, South Dakota, Indiana, Michigan.
Gulf States: Tennessee, Arkansas, Louisiana, Mississippi, Alabama, Kentucky.

Railroads.—The Baltimore and Ohio Railroad has been appointed the official railroad for the convention. This choice was made largely because of its helpfulness, through its representatives, at the 1928 convention. It will cooperate with other lines, of course, in planning for special trains and similar details, and its representative is working closely with Mrs. Scott in arranging schedules and in securing necessary information. The Chicago, Milwaukee, and St. Paul Railway has been selected by the local Convention Committee as the railroad to serve the nurses in Wisconsin, particularly from Chicago to Milwaukee. The *Journal* and *Public Health Nurse* will carry information from month to month regarding rates, special trains, and post-convention tours.

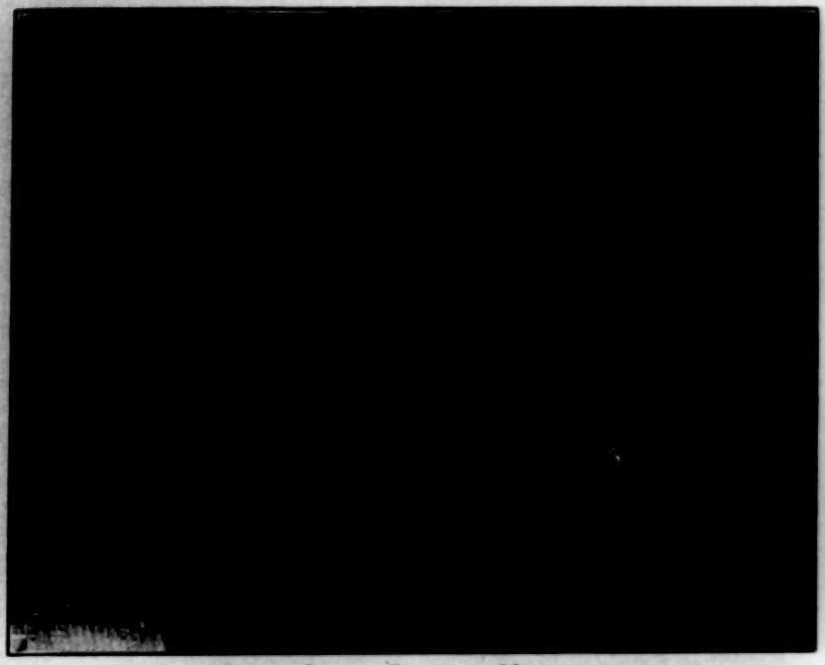
Exhibit.—Mrs. Sally Durham Hanshue has been appointed manager of the commercial exhibit which will be held in connection with the convention. Mrs. Hanshue already has begun her work, and her office is located at 370 Seventh Avenue, New York, on the same floor with headquarters of the three national nursing organizations.

Local Committee.—Cornelia Van Kooy, of the State Board of Health at Madison, is State Chairman of the Wisconsin Convention Committee, with Anna Rice, as Chairman of the Milwaukee Committee. Other local chairmen who have been appointed are: State Finance Committee, Chairman, Adda Eldredge; Milwaukee Committee, Vice-Chairman, Jeannette Hays; Hospitals, Demonstrations, etc., Committee, Chairman, Rev. H. L. Fritschel; Care of Catholic Sisters Committee, Chairman, Sister Bernadette; Sociability Committee, Chairman, Mrs. Agnes Reid Duffin; Ushers Committee, Directors, Wisconsin State Nurses' Association; Housing Committee, Chairman, Stella Ackley; Lay Section Committee, Chairman, Mrs. Polly M. Donnelly; Decorations Committee, Chairman, Erna Kowalke; Dinners and Luncheons Committee, Chairman, Delia H. Newton; Meeting Places Committee, Chairman, Ethel J. Odegard; Entertainment Committee, Chairman, Bena M. Henderson; Registrations Committee, Chairman, Mary La Rue; Publicity Committee, Chairman, Mrs. C. D. Partridge; Properties Committee, Chairman, H. Lenore Bradley; Post Office Committee, Chairman, Matilda B. Wolf; Telephones Committee, Chairman, Josephine Kayser; Polls Committee, Chairman, Hilma Stolpe; Undergraduate Guests Committee, Chairman, Anna Schwochert; Information Committee, Chairman, Minnie Arndt; Transportation Committee, Chairman, Gail Fauerbach; Private Duty Nurses' Section, Chairman, Margaret Healy; Auditorium Lunch Room Committee, Chairman, Levina Dietrichson.

Hotels.—The following hotels have been recommended by the Convention Bureau of the Milwaukee Association of Commerce: Abbot Crest, Adelin, Ambassador, Antlers, Astor, Belmont, Blatz, Brown, Carlton, Colonial, Delaware, Edison, Gilpatrick, Globe, Juneau, LaSalle, Martin, Maryland, McCoy, Medford, Metropole, Miller, New Pfister, New Randolph, Plankinton, Plaza, Republican, Royal, Schroeder, Schuster's, Shorecrest, Wayland, Wisconsin.

State Meetings

Fall meetings this year have drawn into the field a number of nurse leaders. Four states



AIRVIEW SHOWING DOWNTOWN MILWAUKEE

Along the lake can be seen the beginning of the lake shore drive. Between it and the water are an athletic field and playground. Right beyond the lagoon is the United States Coast Guard Station and just beyond it are the Milwaukee Yacht Club and a public bathing beach. The conspicuous white building on the lake shore is a new apartment house.

were particularly fortunate in having with them the A. N. A. President, Miss Clayton, who attended meetings of Kansas State Nurses' Association, October 16–17, in Wichita, and the Institute of the Kansas League of Nursing Education which followed, on October 18 and 19; Missouri State Nurses' Association, October 21–23, in St. Joseph; Oklahoma State Nurses' Association, October 24–26, Ponca City; Southern Division, October 28–30, Birmingham, Alabama; Florida State Nurses' Association, November 5–7, Ocala.

Janet M. Geister, Director at Headquarters of the American Nurses' Association, made a trip to California in late October and early November, while among her important speaking engagements for the autumn was that at the Clinical Congress of the American College of Surgeons, October 14, in Chicago, her subject being "The Economics of Nursing."

In the summary of this talk, Miss Geister said, "The most important single factors for bringing about a less expensive, well qualified nursing care to the patient, and at the same time safeguarding the interests of the nurse, we believe, are:

"1. A recognition of the waste and subsequent cost of our present method of utilising nurses.

"2. The inauguration of honest and intelligent experiments in organising nursing service on a salaried basis, with a view to the elimination of waste and the promotion of efficiency.

"3. An open-minded attitude on the part of physician, hospital administration, and nurse, and a real coöperation in any sound experiment.

"4. A reëducation of patient and community in their demand and use of nursing service."

Mrs. Alma H. Scott, Field Secretary of the

A. N. A., was present at the meeting, October 30, of the Vermont State Nurses' Association in Burlington. In November she spoke before the Arkansas State Nurses' Association, November 4–5, in Little Rock, and she gave several addresses at the Institute of the Graduate Nurses' Association of Texas, in session November 6–7, in Austin.

From the *Journal* office there went into the field, Mary M. Roberts, the Editor, and Mrs. Helen W. Munson, while at the meeting of the New York State Organizations of Nurses, October 23–24, in Buffalo, Julia P. Wilkinson, Field Secretary of the A. N. A., spoke of the study she is making of the official registries. "The registry and the nurse have not begun to find out what they could do together," Miss Wilkinson declared. "With the individual nurse as the registry's best advertisement, it will be possible to drive many new avenues of service. It is not enough for her to be a good nurse, and fit into every sort of situation, she needs to be a great believer in the future of her registry; to take great pride in its standing; to know all about it, and how it compares with other registries; to want it to grow and have always the spirit of enterprise."

Bordeaux School Campaign

Twenty-nine state associations have given much more than their quotas in the drive for $25,000 to build the right wing of the Florence Nightingale School of Nursing at Bordeaux. During October, Tennessee joined this group by sending contributions, the total of which is $327 on a quota of $322. Contributions to the fund to November 8, 1920, had reached the gratifying amount of $31,530.66.

Fourteen other states have met their quotas, making in all forty-one state associations to "go over the top." Only seven state associations have not met their quotas as yet, and but two associations have made no response to this drive to complete the building erected as a memorial to the nearly three hundred American nurses who gave their lives in the World War.

A complete list of contributions was printed in the November *Journal*; contributions received since then, bring changes to the following states:

State	*Contributed*
Colorado	$937.50
Illinois	2,151.04
Iowa	600.00
Kentucky	333.33
Maine	214.00
Maryland	331.30
Massachusetts	1,666.30
Michigan	1,251.00
Nebraska	326.10
Pennsylvania	2,057.05
Tennessee	327.00

Nurses' Relief Fund

REPORT FOR MONTH ENDING OCTOBER 31, 1920

Receipts

Interest received on investments	$664.63
Interest received on bank balances	124.45

Contributions

Alabama: T. C. I. Hospital Al. Assn., $20; District 7, $3	23.00
Arkansas: District 7, Ill Dorado	10.00
California: State Nurses' Assn.	5.00
Colorado: Colorado Training School Al. Assn.	50.00
District of Columbia: Garfield Hospital Al. Assn.	100.00
Florida: District 7, Ft. Meyers	9.00
Georgia: District 4	120.00
Iowa: District 1, $172; District 4, $45.35; District 5, $15; District 6, $70; District 7, $9	312.35
Kansas: District 1, $20.50; St. Francis Al. Assn., $50; District 2, $20; District 4, Bethel Deaconess Hospital Al. Assn., $5; Newman Memorial Hospital Al. Assn., $5; one individual, $1; District 5, $14.50	120.00
Massachusetts: Bristol County Branch	5.00
Minnesota: District 3, Abbott Hospital Al. Assn., $5; Asbury Hospital Al. Assn., $1; Deaconess Hospital Al. Assn., $7; Fairview Hospital Al. Assn., $5; Northwestern Al. Assn., $1; Individual member, $1; District 5, $7; District 6, $220	252.00
Missouri: District 2 (Kansas City), Trinity Lutheran Hospital Al. Assn., $40; University Nurses' Al. Assn., $25; Grace Hospital Al. Assn., $20; Research Hospital Al. Assn., $20; District 4 (Springfield), Springfield Baptist Al. Assn., $15	157.00
Montana: District 6	25.00
Nebraska: District 1, $31; District 3, $215.25; Methodist Hospital Al. Assn., Omaha, $100; St. Joseph's, $75; Wm. $20; Covenant, $40; St. Catherine's, $20; Immanuel, $25; Nicholas Senn, $10; Lord Lister, $20; individual contributions, $27	638.25
New Jersey: District 1, St. Elizabeth's Hospital Al. Assn., $25; individual contributions, $10; District 2, Christ Hospital Al. Assn., $10	51.00
New York: District 1, Buffalo Deaconess Hospital Al. Assn., $25; Mt. St. Mary's Hospital (Niagara Falls), $25; Olean Hospital, $10; individual contribution, $1; District 2, $22; District 4, Crouse Irving Hospital (Syracuse), $10; Ourage Hospital, $10; District 6, $4; Mercy Hospital Al. Assn., $25; St. Lawrence Hospital, $10; Hepburn Hospital, $10; District 7, $24; District 9, Samaritan Hospital Al. Assn., Troy, $20; District 13, $81.50	343.50
North Dakota: State Nurses' Assn.	42.00
Pennsylvania: Lavinia L. Dock	20.00

Tennessee: Chattanooga District Nurses' Assn.	115.00
Texas: District 15	1.00
Utah: L. D. S. Al. Assn., $25; St. Mark's, $5; Holy Cross, $1; outside nurses, $3	34.00
Total Receipts	$3,189.15

Disbursements

Benefits paid to 199 applicants	$2,752.00
Miscellaneous expense	3.00
Excess of income over expenditures for month ending October 31, 1929	$434.15

All contributions to the Nurses' Relief Fund should be made payable to the *Nurses' Relief Fund* and sent either to the person who collects your dues or to the local Relief Fund chairman. The method for collection of contributions varies in the different states. Your district president or treasurer can tell you to whom your checks should be sent. For application blanks for beneficiaries, apply to your own alumnae or district association, or to your state chairman. For leaflets and other information, address the state chairman or the Director of the American Nurses' Association Headquarters, 370 Seventh Avenue, New York, N. Y.

Isabel Hampton Robb Memorial Fund

REPORT TO NOVEMBER 14, 1929

Previously acknowledged	$34,482.62

Contributions

Minnesota: State Association	$25.00
Missouri: State Association	25.00
Ohio: State Association	25.00
Pennsylvania: State Association	25.00
Total	$34,582.62

Mclsaac Loan Fund.

REPORT TO NOVEMBER 14, 1929

October 11, Balance	$53.32

Contributions

Minnesota: State Association	25.00
Missouri: State Association	25.00
Ohio: State Association	25.00
Pennsylvania: State Association	25.00
Payment of interest and part payment of loan	25.00
Balance, November 14	$178.32

Contributions to the Robb Scholarship Fund or the Mclsaac Loan Fund should be sent to the Treasurer, Mary M. Riddle, care *American Journal of Nursing*, 370 Seventh Avenue, New York. Checks should be made separately for the two funds.

Progress Report on a Combination of the Professional Magazines

For the last three or four years there has been considerable thought, both within our own membership and outside, on the possibility of having one professional nursing magazine. Because of the question raised in its own group, the N. O. P. H. N. referred the matter to the A. N. A. and the N. L. N. E., and a committee representing the three national nursing organizations has been working—at first informally, but since 1927 formally—on the question of amalgamating the two official national nursing journals, the *American Journal of Nursing* and *The Public Health Nurse*. By vote of this joint committee, a progress report is now ready for consideration.

Out of the discussions of this committee there developed a realization that neither magazine was meeting the whole need of the nurse in the field, and the first big project of the committee was to prepare an outline of the material which should be included in an ideal national nursing magazine. This outline of general material, alone, when completed filled fourteen typed pages, and it was immediately evident that one magazine, published once a month, could never cover even a twelfth of the ideal field—its size and weight alone would be prohibitive.

Consideration was then given to the possibilities of a combined magazine published more than once a month. The committee was in entire agreement in thinking that the psychological effect of one magazine, on the individual nurse, on the profession as a whole, and on the public, would be preferable to divided effort—and yet, practical difficulties presented themselves. If a combined magazine appeared twice a month, there would be no more saving in cost to the subscriber and no more economy in reading matter than under the present arrangement. *The Public Health Nurse* carries but few advertisements which are not already appearing in the *American Journal of Nursing*. It would bring few new subscribers to the *Journal*. Therefore, the *Journal* would gain nothing financially through an amalgamation with *The Public Health Nurse*. Again there would be certain special studies, special organization material, such as the N. O. P. H. N. publishes in its official magazine and the National League of Nursing Education publishes in the *Journal*, which might have to be issued as separate special studies and as bulletins or house organs which would be a costly proposition and revert eventually to the individual nurse.

The Joint Committee of the Ideal Magazine is still struggling with these problems. Four plans are now under consideration by the committee. A subcommittee has been asked to report in January on the relative cost of these plans:

1. To combine the *American Journal of Nursing* and *The Public Health Nurse* under one financial and editorial board. To issue two numbers of the combined journal a month, covering all the field, but dividing the material into technical and less technical groups, something on the order of the *Survey* and *Survey Graphic*.

2. To combine the two journals under one financial and editorial board, issued once a month, enlarging the present *American Journal of Nursing* to cover the entire field and in addition issuing special numbers, probably six, to cover special phases of the field—making eighteen numbers in all.

3. To broaden the *Journal* to include all groups in the field; and the publication quarterly or—as needed—of special magazines by the N. O. P. H. N. and the League, to reach their special groups. There would be separate financial and editorial arrangements, but a meeting in joint editorial council or board would consider all the material for all the field.

4. To combine the journals under one board and one editorial staff, the journal to be issued frequently enough and carry enough material to reach all the groups—perhaps issued every two weeks.

In view of the cold facts of the case—that one monthly magazine cannot carry the needed material and that a combination will not reduce the cost to the nurse, we hope the plans outlined above will receive the earnest consideration of our readers, in order to arrive at a plan that will offer the best service to the nurse in the field.

It is hoped that here at headquarters, this winter, we may attempt an informal demonstration of how the editorial staffs, in consultation with the three national directors, may combine on joint consideration of the material for publication with a view to its value and service to the nurse in the field, regardless of its relation to magazine ownership.

Army Nurse Corps

During the month of October, 1929, orders were issued for the transfer of members of the Army Nurse Corps to the stations indicated: To Fort Benjamin Harrison, Ind., 2nd Lieut. Grace Keener; to Fort Benning, Ga., 1st Lieut. Edna M. Beyrer, 2nd Lieut. Elsie E. Schneider; to Army and Navy General Hospital, Hot Springs National Park, Ark., 1st Lieut. Anne Williamson, 2nd Lieut. Mary Ford; to the General Dispensary, New York City, 1st Lieut. Evelyn E. Mericle; to Jefferson Barracks, Mo., 1st Lieut. Florence A. Blanchfield, Anna Claypoole, Anne M. Walsh; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. Clara E. Ellwanger, 2nd Lieut. Janet A. Foran; to Fort McPherson, Ga., Mattie L. Patterson; to Fort Riley, Kans., 2nd Lieuts. Elizabeth Fitch, Mary M. Haney; to Fort D. A. Russell, Wyo., 2nd Lieut. Nellie A. Bisselbach; to Fort Sam Houston, Texas, 2nd Lieut. Flora Listenfelt; to Fort Sheridan, Ill., 1st Lieut. Mary Gavin; to Fort Sill, Okla., 2nd Lieuts. Lois E. Cook, Dena G. Walsh; to Fort Totten, N. Y., 2nd Lieut. Alvine L. Schmidt; to Walter Reed General Hospital, Washington, D. C., Marcella Obrien, Stephanie Masbach; to William Beaumont General Hospital, El Paso, Texas, 2nd Lieuts. Eula Estes, Hazel E. Warrington, Mabel E. Mariette, Jennie A. Smith; to San Juan, Porto Rico, 2nd Lieut. Margaret Dwyer; to Philippine Department, 1st Lieut. Lulu Gerding, 2nd Lieuts. Cora E. Hicks, Ida L. Langenheder, Harriet M. Whitney, Lola L. Wilson, Agnes A. Resch.

Nineteen have been admitted to the Corps as 2nd Lieuts.

The following named are under orders for separation from the Corps: Dorothy Clay, Alice C. Flynn, Mamie E. Mills, Berniece Watts, Grace L. Whitehead, Alice M. Hewett, Marguerite V. Mangan, Dorothy W. Jolly, Cora L. Robinson, Sue Higler, Rowena M. Boone, Esther M. Finch, Beulah Waggoner, Lillian Stein, Elizabeth Hatfield, Mary Agnes Salcedo, Mary E. Harder, Cesira Frasy.

Announcement is made of the death of 2nd Lieut. Blanche B. Patrick, Army Nurse Corps, at Letterman General Hospital, San Francisco, on November 5, 1929. Miss Patrick had been a valued member of the Corps and her death is a distinct loss.

Major Julia C. Stimson recently delivered an address before the West Virginia State Nurses' Association, at Bluefield, West Va. Other members of the Corps addressed meetings as follows: 1st Lieut. Katherine C. Magrath, Kansas State Nurses' Association, at Wichita, Kans.; 1st Lieut. Anne Williamson, Southern Division of the American Nurses' Association, at Birmingham, Ala.; 2nd Lieut. Margaret Shook, Arkansas State Nurses' Association, at Little Rock, Ark.

JULIA C. STIMSON,
Major, Army Nurse Corps,
Superintendent

Navy Nurse Corps

During the month of October, nine nurses have been appointed and assigned to duty.

The following transfers were made: to Annapolis, Md., Jane E. Hamilton, Ada S. Holmes; to Canacao, P. I., Rachel K. Mytinger; to Guantanamo Bay, Cuba, A. Gertrude Klemm; to Mare Island, Calif., Helen S. Wood, Chief Nurse, Carolyn Bauerman, Antoinette M. Kosel; to New York, N. Y., Gertrude Lett; to Philadelphia, Pa., University of Pennsylvania, Loretta V. Connor; to Puget Sound, Wash., Jessie M. Schraffenberger; to Quantico, Va., Celia D. Krogh; to Tutuila, Samoa, Mildred R. Beat, Chief Nurse; to U. S. S. Relief, Harriet A. Harris; to Washington, D. C., Eva B. Moss, Chief Nurse.

The following nurses have been separated from the Service: Nancy A. Erwin, Edna Earle Hall, Gladys Moore, Esther Sorensen, Bessie M. Cole, Irene Fosmire, Alice E. Lockwood, Louise Spear.

J. Beatrice Bowman,
Supt., Navy Nurse Corps.

U. S. Public Health Nursing Service

New Assignments: Seven.

Transfers: To Mobile, Ala., Elizabeth Higgs; to Louisville, Ky., Mary Katherine Smith; to Norfolk, Va., Gwendoline Fatherree, Abbie Riggin; to Ellis Island, Theresa Tuttle.

Reinstatements: Ines White, Eva Knight, Lucie Shwartz Chalin, Veronica Casey.

Lucy Minnigerode,
Supt. of Nurses, U. S. P. H. S.

U. S. Veterans' Bureau Nursing Service

Of interest to all nurses is the announcement by Medical Service, Central Office, that plans are practically complete for the proposed postgraduate course in nursing to be given at U. S. Veterans' Hospital, Bronx, N. Y., January 1, 1930. A feature of the course will be its practicability, time being allotted for ward duty under supervision, in addition to lecture periods, conferences, and demonstrations. Conferences and clinics will be held in an effort to give to the student a course of instruction that will enable her to become more proficient in the work of the Bureau.

During the month of October, 1929, orders were issued for transfer of the following named nurses: To U. S. V. H., Outwood, Ky., Bessie J. Elliott; to Knoxville, Iowa, Nellie C. Church, Cecilia Cecewski; to Kansas City, Mo., Dolina Stuart; to St. Cloud, Minn., Margaret Halloran; to North Little Rock, Ark., Donnie Davis; to Sunmount, N. Y., Mary Brogan.

The following were reinstated: Patricia Noonan; Matilda Anderson.

Thirty-seven new assignments were made and the following have been separated from the service: Virginia S. Bruce, Mary M. Boyle, Nellie Barnes, Anna A. Barrett, Mary E. Burke, Elisabeth Blackwell, Florence K. Causby, Kathryn W. Cosgrove, Alma R. Chance, Lucy Collitt, Luella G. Collins, Juliana Donovan, Stella Dunham, Eileen C. Dyckman, Mary J. Duval, Berniece Esom, Mary L. Ferrand, Nevada Ford, Teresa F. Gallagher, Mary G. Garbell, Julia R. Gresko, Mae H. Hammer, Winifred E. Hardy, Agnes E. Hanrahan, Cecilia Hermsen, Ellen D. Holt, Anne G. Kerckel, Katharine Loerpabel, Florence M. Longstreet, Naomi N. Lindholm, Lucille Parker, Mary E. Ryan, Annie M. McColl, Amy E. McGowan, Daisy McLean, Julia F. Meade, Jeanette M. Meeks, Nora P. Murphy, Patricia C. Noonan, Adele Heaton, Clara Schmees, Jean Shedd, Judith A. Stenson, Irene Smullen, Carolyn Schwartz, Margaret A. Tracy, Rose C. Weis, Agnes S. Wilson, Clara Mae Rolle, Margaret E. Griffith.

Mary A. Hickey,
Supt. of Nurses.

American College of Surgeons

The American College of Surgeons held its twelfth annual Hospital Standardization Conference in Chicago, October 14–17. Janet M. Geister, Director of the American Nurses' Association, was the only nurse on the opening program, a symposium on Medical and Surgical Economics. Some of the points brought out by eminent medical speakers were:

1. Doctors as a group are not profiting by the high cost to the patient.
2. Hospitals build and organize around the rich and the poor but seldom around the middle class.
3. The patient is subjected to too many "frills."
4. The doctor demands too many "frills."
5. The pay patient should not be expected to

pay in his hospital costs for the service given, free of charge, to non-paying patients.

Practically every speaker, including Dr. William J. Mayo, Dr. Christopher Parnall, Dr. Franklin Martin and Father Schwitalla, said, in effect, "The nurse cannot charge less than she is charging. Her income has reached the lowest level compatible with good work." A summary of Miss Geister's paper appears elsewhere.

At an afternoon Forum, devoted to Nursing, Paul H. Fesler, Superintendent of the University of Minnesota Hospital, came out unequivocally in support of the work of the Grading Committee. E. Muriel McKee of Brantford, Ontario, and Sister Helen Jarrell, Superintendent of Nurses, St. Bernard's Hospital, Chicago, spoke on "Securing Efficient Care for the Patient." Addie Eldredge, in discussion of the papers, stressed the importance of

1. The value of a well prepared nursing school faculty.
2. The importance of selecting well educated students of the right caliber.
3. The need for right clinical experience.
4. Sound teaching of the nursing care of the patient.

At a later meeting, the question: "What active work can a women's auxiliary of a county medical society do to help the hospital?" was answered as follows:

1. By financing a full-time teacher in a children's ward.
2. Aid for students in medical school.
3. Supply linen for the hospital.
4. Conduct a school for mothers in connection with maternity and children's hospital.

In Dr. MacEachern's report on "Standardization" he stated that hospitals should not accept reports from laboratories not approved by the Council on Medical Education of the American Medical Association. The Standardization program gives hope of ultimately getting all hospitals up to a minimum and then, perhaps after ten years, the College can begin to grade hospitals, A, B, C, etc.

Two interesting meetings were the one at which 650 fellows in cap and gown were admitted to the College and that at which President Glenn Frank of the University of Wisconsin spoke on the "Medicine of the Future." Dr. Frank said that, with a billion dollars a year at stake, state medicine or its equivalent, directed by industries and insurance companies, will inevitably come in the United States unless physicians forestall it by some adequate action of their own. Dr. Frank made it clear that medical statesmanship of a high order is needed if this situation is to be avoided.

Southern Division Meeting

The first meeting of the Southern Division of the American Nurses' Association was held in Birmingham, Ala., October 28–30. Alabama, "Here we rest," proud of being the first hostess, was like a beehive, each one doing his part in advance so the convention would be one that could not easily be forgotten. Registration began on Sunday afternoon and was followed by a tea at the Nurses' Club. The hostesses were alumnae of the Tennessee Coal and Iron Hospital.

The formal opening was on Monday morning, the President, Jane Van De Vrede, presiding. The invocation was followed by reports from the various committees. A very good business session was held. At the close, Anne Mae Beddow, President of the Alabama Association, was unanimously elected President.

Group luncheons were held following this session. In the afternoon, Mary M. Roberts, Editor of the *American Journal of Nursing*, gave a very good idea of the magnitude of the work being done by the Grading Committee, with special reference to the southern states. Miss Van De Vrede followed with a brief talk telling of the readiness of doctors to cooperate with nurses in bringing about some of the changes indicated by Grading Committee reports.

The session was followed by a delightful ride over the city. At St. Vincent's Hospital a delicious buffet supper was served. The hostesses were the Alumnae of St. Vincent's and Norwood Hospitals.

Miss Van De Vrede presided at the evening session in Phillips High School. Miss Clayton, President of the American Nurses' Association, was the speaker of the evening. Dr. Stewart Welsh, President of the Jefferson County Medical Society, spoke on the Cost of Medical Care.

The fundamental relationship of the Southern Division to the A. N. A. was symbolized by a beautiful ceremony. Those taking part were the presidents of the states, Mrs. Vardaman, who recited appropriate selections from "Stone Mountain," and the band that responded with music. At this meeting Miss Van De Vrede gave the president's address,

summing up the development of the nursing profession, outlining some of the problems peculiar to the southern states, and affirming the allegiance of these states to the purposes and ideals of the A. N. A. "The nurse who fails to keep up with the developments of the profession," said Miss Van De Vrede, "is falling behind with her work and will eventually be unhappy and ineffective."

Tuesday morning was devoted to round-table discussions on "The Small Hospital," led by Julie C. Tebo; on "Registries," by Lillian Clayton; and on "Public Health Nursing." Some of the problems discussed in the first were: "How shall the hospital provide care for the graduate nurse?" "How can class work be adjusted when students are sent away for affiliations?" "How plan for eight-hour duty?" Equally practical problems were profitably discussed by the other groups.

A private duty nurses' luncheon followed, presided over by Louise Dietrich of Texas, which was one of the high lights of the convention for private duty nurses.

At the afternoon session greetings from absent nurses were read. "The Ready Nurse" was discussed by Miss Roberts who pointed out that spirit, science and skill are the basis of successful nursing. "Opportunities in Education for Southern Nurses" was presented by Aurelia Potts, Assistant Professor of Nursing Education, Peabody College, and discussed by members of the faculties of the University of Virginia and Vanderbilt University. Dr. A. L. Lanza, of the Metropolitan Life Insurance Co., speaking on opportunities in Industrial Nursing, said: "In the industrial field lies the greatest opportunity for the medical and nursing professions to serve mankind. While this work has been carried to a considerable degree of efficiency in the large industrial plants, there is much to be done in the smaller plants and the solution of this problem is a difficult one." He urged a wider participation in this field. Addresses followed by Dr. James R. McCord of Atlanta, who spoke on "Congenital Syphilis;" Mrs. Jessie Ames, Director of Woman's Work, the Inter-racial Committee, on "Co-operation"; and Anne Williamson, Chief Nurse at Fort Benning, who presented a paper on "Army Nursing."

A tea was given in the new residence of the Hillman Hospital by the Auxiliary of the State Medical Association. This was followed by the gay and beautifully appointed banquet at the Tutwiler, where Mattie Huston was toastmistress. Honor guests were Miss Clayton; Miss Roberts; Miss Noyes, Director of the Red Cross Nursing Service; the President of the Southern Division, Miss Van De Vrede of Georgia; Vice President, Barbara Frank, Louisiana; Secretary, Bernardine Bryant, Alabama; Treasurer, Louise Dietrich, Texas; and the President of each southern state. The banquet was well attended. The magnet that drew all eyes, the one who enjoyed herself the most, the one who gave the most joy to others, who was graciousness itself, who was untiring in giving pleasure, was our President, Jane Van De Vrede, who appeared in the costume of a southern belle of the old days.

On Wednesday, Miss Clara D. Noyes, Misses Clara Dunn and Ruth Mattinger were present for the Red Cross program, which was followed by a Red Cross luncheon over which Miss Van De Vrede presided.

The closing session was devoted to business.

The consensus of opinion seems to be that in having the Southern Division of the A. N. A., many problems peculiar to a locality can be disposed of more easily, and that banding together will make the members love the A. N. A. the more.

Institutes and Special Courses

Connecticut: A Nursing Institute under the auspices of the EDUCATIONAL SECTION of the State Association was held at the Hartford Hospital, Hartford, November 7 and 8. The following topics were presented and discussed: "Teaching Methods," Mrs. Lura S. Oak; "Methods of Teaching Anatomy and Physiology," Katharine Ink; "Methods of Teaching Materia Medica," Agnes Gelinas; "Methods of Teaching Principles of Nursing," Annabelle McCrae; Round tables on teaching methods were conducted by Miss Ink and Harriet Smith. A demonstration of "evening care" was given by Miss McCrae and Helen French.

Kansas: The KANSAS LEAGUE OF NURSING EDUCATION sponsored an Institute the two days following the convention. The Public Health nurses joined with the League in making up the program so that all nurses found subjects of interest to themselves during the Institute. Miss Gladwin gave a series of lectures on subjects of special interest to those interested in furthering the education of the student nurse. She pointed out many of the present weaknesses of training schools, but her criticism was always constructive rather than destructive. If we now realize our failings a little better than we did before, we also have a

better background for the solution of our problems. At one of the evening sessions, Dr. Glenn A. Bakkum of the University of Wichita gave an address on the subject "Sociology in Every-day Life."

Minnesota: Winona.—The College of Saint Teresa announces that, beginning January 20, 1930, and continuing through a six weeks' period, Carolyn E. Gray will offer courses in Nursing Administration at the College, as follows: Nursing School Organization, Nursing Supervision in Hospitals and Schools of Nursing, Survey of the Nursing Field. Each of these courses carries two points of college credit counting toward the Bachelor's degree. The College offered courses in Nursing Administration for the first time in 1929, under the direction of Miss Gray, which were attended by eleven students. It is expected that the enrollment for Miss Gray's work in 1930 will be at least double that of last year. The College introduced the courses in Nursing Administration as a part of the regular work leading to the degree of Bachelor of Science in Nursing, which degree was conferred at the College for the first time at the June Commencement exercises, 1927. The course leading to the degree of Bachelor of Science in Nursing was organized primarily to assist religious communities in preparing Sisters to meet the ever-advancing standards required for those who hold administrative and teaching positions in hospitals and schools of nursing. Information relative to the courses in Nursing Administration and concerning the requirements for the degree of Bachelor of Science in Nursing will be furnished upon request. Lay students matriculating at the College for the six weeks' period will be accommodated in Lourdes Hall; Sister students will be accommodated in Assisi Hall, the residence for student Sisters.

Missouri: An Institute conducted by Irma Law followed the state convention held in St. Joseph in October. Mary E. Gladwin gave a series of lectures at these meetings which included "The Student Nurse," "The Graduate Special and General Duty Nurse" and a lecture on Ethics. These lectures were all most interestingly given and created a great deal of discussion and thought. Mental Hygiene was especially stressed, and every one fortunate enough to hear Dr. Harrington of St. Joseph will never forget his lucid and fascinating discussion of the mental mechanism. Round tables and discussions on such subjects as "Nursing Ethics," "Standardization of Examinations and Grading" and "Central Supply Rooms" formed an interesting and worthwhile part of the Institute. Irma Law conducted a symposium on "Newer Experiments in Nursing Education at Home and Abroad," and told of the developments in the State. She pointed out the fact that out of forty-four schools in Missouri, thirty-one require graduation from a four-year high school for entrance, while 93 per cent of all students in the nursing schools of Missouri are high school graduates. She also spoke of the new University School at St. Mary's Hospital, established in connection with St. Louis University, and of the school for male nurses at Alexian Brothers' Hospital.

The exhibits of classroom work from the various schools in the State were especially worthy of note, and included Materia Medica charts, procedure books, posters and notebooks.

Ohio: The Joint Institute of the Sections on Nursing Education, Public Health and Private Duty Nursing of the Ohio State Nurses' Association was held October 30–November 2, in Cleveland, with headquarters in the Hotel Statler. Five hundred and one nurses registered for the Institute, coming from every section of the State, and representing all the accredited schools of nursing and public health nursing organizations in the State. A large number of private duty nurses registered for the entire Institute.

Professor J. Jones Hudson gave a series of three lectures on: "Facts and Fallacies Regarding Learning and Teaching," "Instructional Procedures in the Classroom—Some Effective Methods," "Teaching Young People How to Study." Herbert Gurnee, Assistant Professor of Psychology, Adelbert College, Cleveland, gave a series of three lectures on "Teaching Psychology in Schools of Nursing." "The Use of Tests in Selecting Prospective Candidates for Nursing" was presented by David P. Harry, Ph.D., Western Reserve University. A demonstration of the method of conducting a morning conference for student nurses was given by Katherine Horner. "The Visiting Teacher's Relationship to the School Nurse" was presented by Mary Nixon, Visiting Teacher, Cleveland. Dr. John Toomey discussed "The Pathology of Diphtheria" and gave a very interesting discussion also of the various contagious diseases. Miriam Geiger, Supervisor, Division of Contagious Diseases, Cleveland City Hospital, conducted a most interesting informal round table.

One of the most interesting topics of the Institute was "Checking Your Health Habits," by Leora Stroup, Health Instructor,

American Red Cross Teaching Center, Cleveland. Each nurse was given a questionnaire with a number of questions regarding health habits, and these were answered. Questionnaires were then given to the chairman, and at the closing session a report was given which showed that the nurses were far below 100 per cent physically. Dr. B. H. Nichols of the Cleveland Clinic presented the subject "Pathology of Gas Poisoning," illustrated by slides. A class in "Principles and Practice of Nursing" was conducted by Carlotta H. Agerter, and the "Class and Laboratory for Freshmen Students" by Ruth Sleeper. Marion G. Howell and Anna Jenkins presented "Problems in Public Health Nursing" and "Materials and Methods in Public Health Education." The excursions through the Maternity and Babies' and Children's Hospitals, Western Reserve University Medical Center, as well as the excursions through all the other hospitals and public health nursing organizations in the city, were greatly enjoyed.

The demonstration of the method of conducting a case study conference for student nurses was given by Edith I. Epler, who brought her entire class of students to the Institute, and each gave a report of the patient she was then caring for.

Betty Connley and Georgia Hukill gave a most interesting report on "Obstetrical Nursing Procedures" and "Delivery Bag Equipment," using films to illustrate the work at Maternity Hospital. Mrs. Ellen D. Nicely gave a very helpful paper on "Teaching Mothers Prenatal Care."

A Question Box provided the following questions:

What methods of teaching "Drugs and Solutions" are being used?

What is the scope of laboratory work being carried on in bacteriology and anatomy in schools not connected with universities?

Have registries or districts the right to discriminate against nurses who are not in good standing, financially, in their alumnae, district and state associations—in the matter of employment?

Are training schools employing "case study method" in teaching student nurses? If so, how is it carried on?

Is there any training school in which student government is found to be satisfactory?

As graduate nurses are expected to answer questions at examinations given by the Nurse Examining Board concerning the making of solutions, should not more actual practice in making of solutions be given student nurses during training?

Would the nurses of Ohio be willing to formulate a recommendation or request that the *American Journal of Nursing* and the *Public Health Nurse* be combined into one magazine—and to submit such recommendation to the governing boards of these magazines?

How may the curriculum be arranged that training in surgery and obstetrics can be obtained earlier, thus giving more time for training in special work, particularly public health?

Should the care of the tuberculous be included as a part of the generalized plan of public health nursing?

What preparation does the graduate registered nurse need before entering the field of public health, and where may she obtain such preparation?

With what states has Ohio reciprocity? Has Ohio reciprocity with the Province of Ontario?

Is there any law that industries must employ graduate registered nurses?

Is it permissible for undergraduates to wear caps?

Do you approve of initiation of students in hospital proper?

Would you think it advisable to demand of a nurse doing private duty, district membership before permitting her to register with the official registry?

Give your opinion as to the advisability of ten-hour private duty. Has it been tried successfully? Could you give the place of meals for this duty?

Is ten-hour duty for the private duty nurse practical, and should not all members of the profession assist in helping to carry out such a plan?

How are contagious diseases transmitted through clothing or air, as expressed by Dr. Toomey?

Tennessee: An Institute was held in Nashville, for four days following the state meeting, conducted by Hazel Lee Goff. Dr. Joseph Peterson, head of Jesup Psychology Laboratory at George Peabody, gave four lectures on "Principles of Learning." Margaret Belyea, Superintendent of Nurses, Sheppard and Enoch Pratt Hospital, Towson, Md., gave four lectures on "Mental Hygiene" that correlated with Dr. Peterson's talks most successfully. Harriet Anderson of the National Association of Travellers' Aid Societies, in her four talks on "Social Problems as They Affect Modern Young People," also linked up with Dr. Peterson and Miss Belyea in such manner that all three courses offered a correlated whole that was felt to be of great advantage.

Mary Wilson, Home Economics Department of Peabody, gave the latest information on vitamin and other ash constituents. Elma Rood, Department of Nursing Education, and her assistants gave drills and demonstrations of interest to the Rural Health nurse. Drs. Horton R. Casparis, Guy D. Manees and John C. Burch, members of the faculty of Vanderbilt University, discussed "Prophylaxis and Treatment of Cancer," "Tuberculosis," "Focal Infections," and "Infections of Childhood." Julie C. Tebo, Secretary of Nurse Examining Board of Louisiana, discussed methods of meeting problems presented in the report of the Grading Committee, "Nurses, Patients and Pocketbooks." Dr. Bruce R. Payne, President of George Peabody College for Teachers, gave the address of welcome and showed great interest in the welfare of the Institute.

Plans for an Institute in 1930 are already under way.

Texas: The Texas State League of Nursing Education held an Institute on November 6, 7, 8, and 9 in Austin at the beautiful new residence of the Seton School of Nursing. There was a splendid attendance, all sections of the State being represented.

Mrs. Alma Scott, from National Headquarters, spoke on several occasions on subjects of most vital interest to the profession just now, in particular the "Latest Findings of the Grading Committee." Mrs. Myra Cloudman of the American Red Cross Nursing Service spoke on the "Activities of the Service." Several educators from the faculty of the University of Texas lectured on "Teaching Principles and Psychology" on several different days. During the Institute, definite plans were made for a summer course to be offered by the University of Texas to graduate nurses. The Texas State Nurses' Association is making as a gift to the University a sum of money sufficient to pay the salary of a qualified nurse who will give the course in Administration and Supervision in Schools of Nursing.

State Boards of Examiners

Iowa: Two hundred and eighty nurses wrote the examination, October 24 and 25. Ten were registered through reciprocity.

Mississippi: The Mississippi State Board of Examiners of Nurses will hold examinations January 6 and 7 at the State Capitol in Jackson. Send applications to the Secretary, Maud E. Varnado, Hattiesburg.

Missouri: The Missouri State Board of Nurse Examiners will hold its next examination in St. Louis and Kansas City, January 29 and 30, 1930. Jannett G. Flanagan, Secretary.

Montana: The Montana State Board of Examiners for Nurses will hold examinations in Helena on January 7-8. Applications must be filed with the Secretary, Frances Friedericks, Box 928, Helena.

Pennsylvania: The Pennsylvania State Board of Examiners for Registration of Nurses will conduct examinations on February 1, 1930, in Philadelphia, Pittsburgh and Harrisburg. Applications should be filed as promptly as possible with the Secretary of the Board, 812 Mechanics Trust Building, Harrisburg. All nurses are reminded that on and after September 1, 1930, it will be necessary to furnish, with their applications, evidence, from the Bureau of Credentials of the Department of Public Instruction, of the successful completion of one year of approved high school work or its equivalent as evaluated by that Bureau.

At a meeting of the Board, held November 8, the following officers were elected: President, Mary A. Rothrock, Clearfield; vice president, Gertrude Heatley, Pittsburgh; secretary, Mrs. Helene S. Herrmann, Harrisburg.

South Dakota: The South Dakota State Nurses' Examining Board will hold an examination for registration of nurses at the Capitol Building, Pierre, January 21 and 22, 1930. For information apply to Mrs. Elizabeth Dryborough, Rapid City.

Virginia: The Virginia State Board of Examiners of Nurses will hold its semi-annual examinations at Richmond, December 11, 12 and 13. For further information apply to Ethel M. Smith, Secretary, Craigsville.

State Associations

Arkansas: The seventeenth annual meeting of the Arkansas State Nurses' Association was held in the Hotel LaFayette, Little Rock, November 4 and 5. Ruth Riley, President, presided. Registration started at 9 a.m.; at 10 o'clock, Rev. Paul W. Quillian gave the invocation. Governor Harvey Parnell gave a hearty welcome, after which Miss Riley gave the response and her address as the President for the past year. The Secretary and Treasurer's report was then given by Blanche Tomaszewska. Second

Lieut. Margaret Shook, of the Army Nurse Corps, Hot Spring, read a paper "Our Army and Our Army Nurse Corps." It was very interesting, and enjoyed by all. The members then adjourned to meet at the Albert Pike Hotel, for luncheon, at which time the Red Cross nurses had their program; these talks were interesting to know just what the Red Cross nurses are doing throughout the state. At 2.30 p.m. the meeting was called to order by Miss Riley; an address, shown with lantern slides, was given by Anna T. Davis, Assistant Superintendent of the Navy Nurse Corps. Both branches of Government Nursing (The Army and the Navy) were very interesting as well as instructive, and were greatly appreciated by all present. After this followed the Private Duty Section of the State Association; at the same time the institutional nurses and nurse supervisors, and any who wished to attend, adjourned to another room and had a round-table discussion. At. 8 p.m. District 5 entertained with a banquet at the Hotel Lafayette, with Marie Brown as toastmistress. On November 5, the invocation was given by Rev. Father James P. Moran. The address, "Nursing in the A. E. F.," by Dr. Frank Vinsonhaler, Dean of the Arkansas School of Medicine, brought back memories to those who served in the Army, and was interesting to those who knew nothing of the work in the A. E. F. A business session was then held. The report of the Board of Nurse Examiners was given by Ruth Riley, Secretary and Treasurer; as this state now has re-registration, this report meant much. District reports were given, and they were very interesting; each district was represented by its president. Alumnae reports were given. As for the past several years, the St. Joseph's Hospital Alumnae, Hot Springs, sent a Senior nurse to attend this meeting. Anna Bolds of Hot Springs, who was the state delegate sent to Montreal, gave her report in such a way that those who did not attend could readily realise that a great deal of instructive and interesting work was carried on. Election of officers took place. Those elected are: President, Katherine Pollard, Little Rock; vice presidents, Rachel Buffalo, Hot Springs, Ellen Phillips, Russellville, Mrs. Ruth Anderson, Little Rock; secretary and treasurer, Blanche Tomaszewska, Pine Bluff; councillors, Ruth Riley, Mrs. Emma Winters. A delicious luncheon at the Hotel LaFayette was given by the hospitals of the city. The afternoon session was called to order at 2 p.m. with an address by Mrs. Alma H. Scott, Field Secretary of the American Nurses' Association. She told us of all the interesting work being carried on at the A. N. A. Headquarters, and how the busy hours were spent by the different departments each day. This was heartily enjoyed by all; they felt very fortunate to have Mrs. Scott present. The report of the Private Duty Session was given: they had talks by Anna Bolds on "Hourly Nursing," and by Mrs. Duebler on "What the Registered Nurse Means to the Unemployed." Their officers for the coming year are: Anna Bolds, chairman; Nell Swafford, secretary. This report was followed by an interesting talk by Lona Trott, representative of the American Red Cross, Southwestern Division, St. Louis. After the adjournment, tea was served at the City Woman's Club by the City Federation Club. The hospitality of District 5 will ever linger in the memories of those who attended. All districts throughout the state were well represented. The next annual meeting will be held with District 7, in El Dorado.

Colorado: The Chairman of the Relief Fund Committee of the COLORADO STATE GRADUATE NURSES' ASSOCIATION is A. M. Musilek, 1930 North Nevada Avenue, Colorado Springs. Contributions for the Relief Fund should be sent to her and she will forward them to the American Nurses' Association.

Connecticut: The fall meeting of the GRADUATE NURSES' ASSOCIATION OF CONNECTICUT was held in Waterbury, October 23, with a total attendance of 350. The morning was given over to the meetings of the sections. The Private Duty Section was very well attended with representation from thirteen different training schools, thirty private nurses, and in addition many visitors. After a short business meeting, Dr. A. P. Vastola of Waterbury gave a most interesting paper on "Cancer Treatment and Control as Seen in Europe." Rhoda Rutkowski of New Haven gave a brief talk on the I. C. C. at Montreal. All were most happy to have Helen F. Greaney of Philadelphia visit the Section to speak about and discuss the problems which are of so much moment to the private duty nurses today. The members were very grateful to Miss Greaney for able suggestions, which they trust will bear fruit at the next meeting of the Section. Gladys Pease, Chairman, presided.

The Educational Section meeting was one of the best attended ever. One hundred members and guests were present. Rachel McConnell, the Chairman, presided. Welcome to the Section was by Sister Mary of the Sacred Heart. "The Nurses' Contribution

to a Child Welfare Program," by E. W. DuVall, Superintendent, The Children's Community Center of the New Haven Orphan Asylum, gave a very splendid picture of the work being done at the Center. "The Care of Orthopedic Children" was discussed by Maude Parsons, whose paper was augmented with screen slides, showing a number of special splints for fractures.

Louise Spence, the Chairman, presided at the Public Health Nursing Section meeting. Florence Whipple welcomed the group. Following the routine business a resolution was read by Margaret K. Stack on the death of Mrs. Edmund D. Smith of Stamford, who was the first chairman of the Board Members' Division, and it was through her efforts and enthusiasm that this Division was formed. Sarah Addison of the State Department of Health gave an interesting talk about "Seeing Our Work in the Aggregate." Reports of the International Congress of Nurses were given by the two delegates from the Section, Miss Sherman and Miss Biggs. Myrtle E. Kitchen gave a most instructive talk upon "Why a Prenatal Visit." This was followed by a demonstration of a prenatal visit by two New Haven visiting nurses.

The Board Members' Division was presided over by Mrs. Alfred E. Hammer, Chairman. Following their business meeting they adjourned to meet with the Public Health Nursing Section for the demonstration. The roll call showed an attendance of thirty-nine delegates from nineteen associations. Following luncheon, the Board members continued their business meeting. Luncheon was served at the Y. M. C. A. to three hundred people.

The afternoon meeting of the Graduate Nurses' Association was held with Margaret J. Barrett, the President, presiding. In the welcome, given by Dr. H. G. Anderson of Waterbury, he complimented the nurses on the successful passage of the recent compulsory registration law in Connecticut. Following the business meeting, a report of the International Council at Montreal was given by Mary Grace Hills of New Haven, and a report of the meeting of the National League of Nursing Education by Rachel McConnell of Hartford. Following the reports, Helen F. Greaney of Philadelphia gave a most interesting and helpful talk on "What the Private Duty Nurses Derive from Attending State Meetings." Tea was served immediately following the afternoon meeting at the Memorial Building, by the alumnae associations of St. Mary's and the Waterbury hospitals and the Graduate Nurses' Club and by the Visiting Nurse Association, at its office.

District of Columbia: The regular monthly meeting of the DISTRICT LEAGUE OF NURSING EDUCATION was held October 24, at St. Elisabeth's Hospital, Washington. Dr. William A. White made a very interesting address to the members. He particularly emphasized the value and help of nursing in psychiatry. Miss Hogan, who is the Director of the Red Cross Hut at St. Elisabeth's Hospital, told of her work there and of the splendid cooperation given her by the student nurses.

Florida: The newly elected officers of the FLORIDA STATE ASSOCIATION are: President, Mrs. Lucy Knox McGee, Jacksonville; vice presidents, Mrs. Nancy Lawlor of West Palm Beach and Joan R. Annand of Dayton Beach; secretary, Mary E. Kavel, Jacksonville; treasurer, Mrs. Ruth C. Baughman, Miami.

Georgia: The GEORGIA STATE NURSES' ASSOCIATION held its twenty-third annual convention in Rome, October 31–Nov. 2. About one hundred and fifty delegates attended, in addition to specially invited guests and visitors; it was declared one of the most successful meetings ever held by the nurses of the state. S. Lillian Clayton, President of the American Nurses' Association, and Mary M. Roberts, Editor of the *American Journal of Nursing*, were guests of honor, as were Mrs. Helen LaMalle of New York, Director of the Nursing Service of the Metropolitan Life Insurance Company, and Dr. Allen S. Bunce, Secretary of the Medical Association of Georgia. Members and visitors were welcomed to Rome by Hon. T. B. Owens, Mayor of the city, by C. O. Walden, President of the Chamber of Commerce, by Beulah Carrington of Dalton, President of the Seventh District, and by Mrs. C. D. Taylor, Vice President of the District organization. The response was made by Lillian Alexander, President of the Fifth District. The social features of the convention were delightful. These included a barbecue tendered by the members of the Floyd County Medical Society; a tea at the Coosa Country Club given by the alumnae associations of the Seventh District; a sight-seeing tour provided by the Rotary and Kiwanis Clubs, affording the visitors an opportunity to see the Mount Berry School for mountain boys and girls, as well as other points of interest around Rome; and a dance sponsored by the Chamber of Commerce at the close of the annual banquet.

All sessions of the convention were held in the city auditorium, and Miss Peebeck presided over all meetings of the State Association. The Georgia League of Nursing

Education and the State Organization for Public Health Nursing met jointly with the other, as has been customary. Mrs. Eva S. Tupman, President, presided over the League, and Emma Habenicht, President, over the Public Health sessions. The American Red Cross also held its annual state meeting during the convention, with Lillian Cumbee, Chairman, presiding. Ruth Mettinger, Nursing Field Representative for Georgia, and Jane Van De Vrede were speakers on this program. Reports were given, including that of Lillian Alexander, the delegate to the National Convention.

The Student Section had an interesting program, Saturday morning, featuring practical demonstrations and student papers. During the convention a number of round-table conferences were held aside from the general meetings, notably those of administrators and instructors, of the public health nurses, the State Board of Examiners, the Red Cross local committees, etc.

Miss Clayton was the principal speaker at an open meeting, Thursday evening, October 31, and her subject was "The Nurse and the Health of the Public."

The first business session of the Association was opened Thursday morning at 10 o'clock, and included committee reports and the annual roll call of district and alumnae associations. These indicated a steady progress along organization, promotional and educational lines, and were enthusiastically received. Two district and two alumnae associations have been organized since the last convention.

The second session Thursday morning was devoted to a program which included an address by Dr. Allen S. Bunce, on "Doctors, Nurses and the Community." Dr. James R. McCord of Atlanta, representing the American Social Hygiene Association, Dr. W. W. Young, mental hygiene specialist, also of Atlanta, and Mary M. Roberts of New York, were the speakers on the Private Duty Section program, Thursday afternoon. Dr. McCord's subject was "The Prevention of Congenital Syphilis," and he pleaded for the coöperation of nurses, particularly public health nurses, in the dissemination of knowledge and the establishment of pre-natal clinics in the South for the treatment of this dread disease. Miss Roberts' interpretation of "Nursing Ideals" was a real vision of idealism, yet withal practical. Margaret Dorn of Augusta, Chairman of the Private Duty Section, presided. Willie Chalkley was elected Chairman of this Section for the coming year at the business session immediately following the program.

The Georgia League of Nursing Education had an unusually fine program on Friday morning, November 1, participated in by various nurse leaders over the state, among whom were Anne Lenore Simpson, Helen E. Blanchard, E. Alma Brown, Celia Johnson, Dora A. Kershner, Lucile Atkinson, and others. Among the subjects treated in discussion were "What Value Staff Education?"; "Should Staff Education Be Promoted in Schools of Nursing?"; "Should the Head Nurses and Supervisors Be Considered a Part of the Teaching Unit?"; "How May a Faculty for the School of Nursing Be Developed?"; "What Factors Should Determine the Fitness of the Student Nurse?"; "Should Credits and Scholarship Be First Consideration in Retaining Students in Schools of Nursing?"; etc. The discussion following these papers was entered into generally, and was summed up by Miss Roberts in a very helpful manner. Mrs. Tupman, President of the Georgia League, will continue in office for the ensuing year. Officers elected to serve with her were Mrs. Claude D. Taylor of Rome, vice president; Lillian Cumbee of Atlanta, secretary, and Anne Lenore Simpson of Thomasville as a director. The Georgia League unanimously voted to invite the National League of Nursing Education to meet in Atlanta in 1931.

The State Organization for Public Health Nursing held its general program Friday afternoon, and a short business session Saturday morning. Dr. T. F. Abercrombie of the State Board of Health told of the work of this Board, and Helen Bond of Savannah led in the discussion: "What Value Staff Education?" John D. Kenderdine, business manager of *The Survey*, conducted a publicity clinic, which was both interesting and helpful. At the business session the following officers were elected to serve for 1930, in addition to the reëlection of the President, Emma Habenicht of Atlanta: Virginia Gibbs of Marietta, and Mrs. Estella C. Westcott of Savannah, vice presidents; Evelyn Dugger of Atlanta, secretary, and Mrs. Dorothy Treakle of Savannah, treasurer. The nurse members of the Board elected were Mrs. Alma Albrecht, Helen Hatch, and Myrtle Jolly. Mrs. LaMalle was a special guest of the public health nurses, addressing them at a luncheon given in her honor on Friday at the General Forrest Hotel. L. Carey Jones, Southern Division Director of this Service, was also an honor guest on this occasion.

The closing session of the State Association came Saturday afternoon, when committee reports were given and an election of officers

took place: President, Lucia Masses, Cuthbert; vice presidents, Alice F. Stewart of Augusta, and Mrs. Mae M. Jones, Milledgeville; secretary, Mrs. J. F. Hawthorne, Atlanta; treasurer, Jane Van De Vrede; councillor, Annie Bess Peabeck. The Association voted to hold the next convention in Atlanta.

Idaho: The IDAHO STATE ASSOCIATION OF GRADUATE NURSES has as president, Mrs. Florence Johnson, Boise; secretary, Mrs. Emma A. Meier, Boise.

Illinois: The twenty-eighth annual meeting of the ILLINOIS STATE ASSOCIATION OF GRADUATE NURSES was held in Moline, October 9–12, with headquarters at the LeClaire Hotel. The Board of Directors met for dinner at the attractive Golf Club, Rock Island Arsenal, on the evening of October 9. Following the dinner the Board went into executive session at the Moline Health Center, Moline.

The opening session and business meeting of the State Association was held October 10, May Kennedy, President, presiding. The invocation was given by the Reverend W. X. Magnuson, Moline. Addresses of welcome were given by Mayor C. W. Sundstrom; Karl Wahlberg, M.D., President, Rock Island County Medical Society; Mrs. Alma Kronheim, President, Fifth District Association, followed by the response and address of the President, May Kennedy. The business meeting proceeded with reports from committees and district presidents. Upon vote of the convention the name of the Association was changed from the Illinois State Association of Graduate Nurses to the Illinois State Nurses' Association. A luncheon and business meeting of the Illinois League of Nursing Education was held at 12.30 with Evelyn Wood, President, presiding. A luncheon and business meeting of the Private Duty Section were followed by the afternoon session in charge of the Private Duty Section, with May Kennedy presiding. Two very excellent papers were read on the problems of private duty nursing. The point of view of the private duty nurse was presented by Mary F. Wallace; of the registry, by Mrs. Lucy Van Frank. A most interesting address was given by Thomas Vernon Smith, Ph.D., University of Chicago. Miss Logan, Dean of the Cook County Hospital School of Nursing, in her address discussed steps which are being taken to improve the service of the nurse to the community. The banquet was held at 6 p.m. at the Elks Club, which was followed by a beautiful and very instructive pageant, "The Inner Urge," a dramatization of the call to service arranged and directed by Mrs. Grace M. Loomis of Moline.

Friday, October 11, was in charge of the Public Health Section with Sadie Strande, Chairman, presiding. A breakfast and business meeting of the Section were held at 8 a.m. During the morning session three very excellent addresses were given as follows: Anne Raymond, Field Representative, Cleanliness Institute, New York City, "The Appraisal as a Means of Promoting the School Health Program," Mary S. Hahn, "Public Health Nursing Organization as a Community Activity," Katherine Tucker, New York City. Two health education films were shown: "The Best Fed Baby" and "The Garden of Childhood." A joint lay and public health luncheon was held, with Harriet Palmer presiding. Two splendid addresses were given on "The Public Health Nurse and Board of Directors," by Mrs. Harry Ainsworth, Moline; "The Lay Person in Public Health," by Mrs. William R. Pringer of Rockford.

At the afternoon session of the Public Health Section the following subjects were very ably discussed: "Hourly Nursing as an activity in a Visiting Nursing Program in the Smaller Cities," Katherine Tucker; "Volunteer Service in Public Health Nursing Organizations," Mrs. G. D. Drummon, Davenport, Iowa; "Proper Qualifications for Public Health Nurses and the Need for Definite Standards," Leona Wise Ware. The discussion was led by Mrs. C. E. Sharpe.

The afternoon session of the Illinois League of Nursing Education was held at 2 p.m., with Evelyn Wood, President, presiding. Addresses presented were as follows: "Some Modern Trends of Education," by Jules Maurinsen, Augustana College, Rock Island; "The Value of Training in Psychiatric Nursing as a Method of Teaching the Student Nurse Mental Hygiene," Marian J. Faber; "The Value of Chemistry to the Nurse," J. P. Magnussen, Augustana College; "A Survey of Experience Offered in the Accredited Schools of Nursing in Illinois," Charlotte Johnson. At 4 p.m. the guests were taken on a sightseeing tour, with tea served at the Moline Public Hospital, St. Anthony's Hospital, Rock Island, and the Women's Dormitory, Augustana College, Rock Island, as guests of the Moline Lutheran Hospital School of Nursing. At 5.20 p.m. the delegates were taken to the State Park, Black Hawk Watch Tower, Rock Island, for dinner and entertainment as guests of the Fifth District, the Women's Auxiliary of the Rock Island County Medical Society and the Moline Physicians' Club.

Saturday morning the 9 a.m. session was in charge of the American Red Cross, with Edna L. Foley presiding. A very interesting address was given by Mrs. Isabella W. Baker, National Director, Home Hygiene and Care of the Sick Service, on "What Home Hygiene Means to the Community." Maurice Reddy, of the Chicago Chapter of the American Red Cross, spoke on the subject of "Disaster Relief." Reports of Illinois Local Committees on Red Cross Nursing Service followed. At 10, the following round tables were held: "Instructors in Red Cross Nursing Service," Chairman, A. Louise Kinney, Assistant National Director, Home Hygiene and Care of the Sick Service; "Possible Points in the Teaching of Ward Administration," Chairman, Gladys Sellew; "Case Studies as a Teaching Method," Chairman, Blanche Graves. The speaker on the final luncheon occasion was Adda Eldredge of Wisconsin. The subject of Miss Eldredge's very interesting paper was "State Supervision in Schools of Nursing." At this time two of Illinois' pioneer nurses were honored by having flowers presented to them in recognition of their contributions to nursing education and public health; these nurses were M. Helena McMillan and Harriet Fulmer. At this meeting the ribbons left in Illinois by Dora M. Cornelisen, Field Representative of the *American Journal of Nursing*, during her visit to Illinois in 1928, were let out to show the increase in *Journal* subscriptions (680) during the past year.

The officers for the coming year are as follows: Illinois League of Nursing Education—President, Evelyn Wood; vice president, Edna S. Newman; secretary, Vera S. Bradt; treasurer, Bertha L. Knapp; directors, Laura R. Logan, M. Helena McMillan, Charlotte Johnson, all of Chicago.

Illinois State Nurses' Association—President, May Kennedy, Chicago; first vice president, Mary F. Wallace, Springfield; secretary, Ella Best, Chicago; treasurer, Mabel M. Dunlap, Moline.

Indiana: The Indiana State Nurses' Association held its twenty-seventh annual meeting, and the Indiana League of Nursing Education its twenty-second annual meeting at the Oliver Hotel, South Bend, on October 10, 11, and 12. The business meetings were held by the League, on October 10, with Rosetta M. Graves, vice president, presiding; and by the State Association, on the mornings of October 11 and 12, with Gertrude Updike, vice president, presiding.

Besides the annual reports of officers, presidents of districts, chairmen of standing committees, registrars of central registries and delegates to meetings, agenda from headquarters of the American Nurses' Association were read.

At the afternoon session of the League meeting, Gladys Sellew, Chicago, spoke on "Methods of Teaching Pediatric Nursing." Mrs. Ethel P. Clarke conducted a round table at which many interesting problems relative to difficulties in schools of nursing were presented and discussed.

On Friday morning, at the first session of the State Association, Anna G. Davis, Assistant Superintendent, Navy Nurse Corps, Chicago, spoke on "Navy Nursing" and showed slides depicting the life of nurses in the navy hospitals.

At the luncheon on Friday, when the members of the Second District acted as hostesses, Dr. Rhys Price Jones spoke on "Hidden Springs." He emphasized the need of culture, control, and charm in all lives.

In the afternoon, on Friday, Lyda Anderson of Detroit spoke at the Private Duty Section on "Nursing Service in Relation to the Community." This was followed by a very lively discussion which was led by Mrs. Katheryn D. Fansler. At this session, too, a very instructive talk was given by Dr. Bertha Shafer, American Social Hygiene Association, on "The Prevention of Congenital Syphilis." At 4 p.m. a round table for presidents, secretaries and treasurers of districts and alumnae was conducted by Eugenia Kennedy. Topics discussed were: (1) How to send membership lists and dues in to the State Treasurer; (2) How to care for transfers; (3) How to care for new members in Alumnae and District Associations; (4) Membership cards; (5) Making the Revision Committee active; (6) Advantages of courses in Parliamentary Procedure.

The same afternoon, trips were arranged to various places of interest including St. Mary's Notre Dame College and the Art Gallery of Notre Dame University.

In the evening there was an informal dinner at the Faculty Club of Notre Dame University, followed by a theatre party.

The second day of the state meeting was given over to the Public Health Section. Routine reports were read, and Eva MacDougall, Director, State Department of Public Health Nursing, and Helen Bean, Indiana Field Representative, American Red Cross, gave reports of activities in their special fields. Short talks on various phases of Public Health were given by Dr. Ada Swaltzer, Beatrice Short, Malinda Havey, and Martha Peterson.

Raymond Hoyer spoke on "Social Work a Family Builder."

At the noon luncheon Mrs. Gladys Frith, M.D., spoke on "Clinical Psychology."

In the afternoon, Malinde Havey spoke on "The Rôle of Volunteers in the Public Health Nursing Program." A most interesting discussion, led by Faye Nixon, followed. Mildred G. Smith, Staff Associate for the National Society for the Prevention of Blindness, New York, gave a demonstration on "Vision Testing of Little Children."

The following are the officers of the Indiana State Nurses' Association for 1929–1930: President, Gertrude Upjohn, Evansville; vice presidents, Lulu V. Cline, South Bend, and Elizabeth P. Pitman, Fort Wayne; secretary, Mrs. Blanche L. Morton, Indianapolis; treasurer, Mary Elma Thompson, Princeton; directors, Nellie G. Brown, Rebecca Wilkinson, Anna M. Holtman, Rosetta M. Graves, Ina M. Gaskill, Mary Walsh. The officers of the Private Duty Section are: Chairman, Mrs. Viola Smith; secretary, Dolores Stevens.

The officers of the State League are: President, Mrs. Ethel P. Clarke, Indianapolis; vice president, Beatrice Gerrin, Indianpolis; secretary, Frances Macmillan, Indianapolis; treasurer, Mabel McCracken, Evansville; directors, Eugenia Kennedy, Blanche Morton, Edith Willis.

Iowa: The twenty-fifth anniversary of the organization of the Iowa State Association of Registered Nurses was celebrated with the annual convention held in Marshalltown, October 16–18. It was fitting that there should have been the largest attendance in the history of the organization. Five hundred and six nurses were registered, fifty of these being Senior students sent by their hospitals or by the alumnae associations with which they will affiliate after graduation. A Lay Group made up of members of visiting-nurse-association and hospital boards was successfully launched. The interest manifested in this first meeting gives promise of a very worth-while organization. Mrs. G. Decker French of Davenport is chairman of the group. The papers given dealt largely with the functions and responsibilities of Board members.

The State meeting opened with several numbers played by the student orchestra from St. Joseph's Mercy Hospital, Fort Dodge. Dr. Aaron Conaway, Mayor of Marshalltown, welcomed the visiting nurses.

The first session was occupied by reports of officers and committee chairmen, followed by a very splendid talk on "Prevention of Congenital Syphilis" given by Dr. Bertha Shafer of the American Social Hygiene Association. A luncheon of the Lay Group was arranged at the Tallcorn Hotel, convention headquarters, while the fifty student nurses were entertained by the Deaconess Hospital. At the afternoon session an address was given on "Red Cross Disaster Work" by Walter Wesselius, Assistant Director of the Midwestern Branch, American Red Cross. Anna C. Gladwin, Chairman of the National Private Duty Section, read a paper on "Coöperation," and Mae Kennedy of Illinois, gave a talk on "Psychiatric Nursing." The annual banquet that evening was well called a "huge" success. Nearly five hundred members and guests were bountifully served. The speaker, Dr. Edward Steiner of Grinnell College, radiating his own most unusual personality, gave an inspiring address, punctuated with innumerable touches of wit. His subject was "Personality." Following Dr. Steiner's address, a sketch depicting the organization of the Iowa State Association was presented by several members from Seventh District.

The second day was given over to the State League of Nursing Education and to sectional meetings. Mary Elder of Burlington, President of the League, presided at the League session. A very splendid talk on "Phases of Education" was given by May Kennedy. Lois Blanche Corder read a thought-provoking paper on "The Cost of a School of Nursing to a Hospital." Meryl Norton read a worth-while paper on "Ward Supervision." The session was followed by a League luncheon at which a report of the National League Convention was read by Marianne Zieky. Twenty-two new members were accepted into League membership.

The Public Health Nursing Section, presided over by the Chairman, Mary Ella Chayer, was replete with good things. The main theme of the program was "A Practical Program of Child Hygiene." This was attacked from various angles,—"Organization and Administration of a Child Hygiene Program" presented by Dr. George T. Palmer, American Child Health Association, New York; "A Community Program of Child Hygiene Publicity," by Marjorie Dolevan, Michigan Department of Health; "The Responsibility of the Schools in a Community Program of Child Hygiene," by Dr. Fred Moore, Des Moines public schools. A luncheon for the Section followed, with Dr. J. J. Noonan the speaker. Informal discussion of the papers of the forenoon proved most interesting.

The Private Duty Section, with the Chairman, Lottie Heywood, presiding, was well

attended. The fact that Anna C. Gladwin, Chairman of the National Private Duty Section, was present added much to the interest of the session. Following an address by Miss Gladwin, Janet Geister, Director of A. N. A. Headquarters, talked on "Hourly Nursing." Five-minute talks on twelve-hour duty and hourly nursing by the Misses Blanche McGurk, Louise Price, Mrs. Anna Trusty, and Ella DeCamp were made. After considerable discussion the Section prepared a recommendation to the State Association that shorter hours for nurses be favored. The Section had for its luncheon speaker, Dr. Jacob Breid, Superintendent of the Sanatorium of the Sac and Fox Indian Reservation.

During the afternoon, the entire visiting delegation was taken in automobiles to the Indian Reservation at Tama, including a visit to the sanatorium.

For the past five years, the ex-service nurses of Iowa attending the conventions have been entertained in some way. This year the American Legion and Auxiliary of Marshalltown entertained the thirty-five service nurses attending the convention at a dinner in the Legion's Memorial Colosseum. An entertainment in the Colosseum auditorium, financed by the doctors of the city, completed the day.

A general session constituted the closing day of the meeting. Talks were given by Dr. George T. Palmer on "The Measurements of Results in Public Health"; by Dr. Henry Albert on "The Nurse and the County Health Plan"; by Elinor D. Gregg, Supervisor of Nurses, Bureau of Indian Affairs, on "Nursing Work in the United States Indian Service"; by Dr. E. D. Plass on "The New Maternity Program in Iowa." The officers elected are: President, Grace Van Evera, Davenport; vice presidents, Clara Craine, Davenport, Sr. M. Alberta, Council Bluffs; treasurer, Frances Pedersen, Dubuque (2nd term); secretary, Maude E. Sutton, Des Moines (8th term). The 1930 meeting goes to Burlington. During the noon hour on Friday a conference of nurses interested in the Iowa Dental Plan was conducted by Jane Wiley during a luncheon. Dr. Gardner was the speaker.

KANSAS: The KANSAS STATE NURSES ASSOCIATION held its annual meeting in Wichita, October 16 and 17. The convention was opened with an invocation delivered by Dr. Stouffer. The nurses were welcomed by Mayor Lawrence, and the response was given by Henrietta Prochlke. A very pleasing address given by the President, Sylva L. Treat, followed. Reports from the standing committees were a prominent part of the opening business session. These reports showed that progress has been made in the last year. During this session the President asked the members of the Association to stand for a few moments of silent meditation in honor of the Secretary, Mrs. Elisabeth Dana, who passed away on August 30. A subject of special interest in the Middle West, "Hours of Duty for Private Duty Nurses," was discussed in a later meeting. The viewpoint of the nurse, the hospital, the physician, and the patient were given. The Association was especially fortunate this year in having three nationally known nurses to give help and inspiration. S. Lillian Clayton, President of the American Nurses' Association, was a constant source of inspiration. She was in attendance at each meeting, ready to "lend a hand" wherever it would help. Her address on "The American Nurses' Association and the Place Its Membership Holds in the Moulding of Public Opinion and the Awakening of Public Interest in Nursing and Nursing Service" made the members proud of the organization and determined to work more consistently for its advancement in the future. Her report of the work of the Grading Committee was of the greatest interest. Surely no group of people is doing more than this committee to advance the standards of the profession and any word from them is considered of vital importance. Miss Clayton gave some very personal help during a period in which she consented to answer questions any wished to ask, in order to help solve individual problems. The different training schools in the state seemed to have surprisingly similar difficulties. Mary E. Gladwin, whose very personality radiates zeal, was present the second day of the meeting. She gave her splendid address on "Ethics" at that time. Mrs. Isabelle Baker of the American Red Cross was also present. She gave an address on "What Home Hygiene Means to the Community."

Social occasions are always of interest. The Woman's Board of the Wichita Public Health Nursing Association, also the Woman's Board of Wesley Hospital entertained all members of the Association at very pleasing afternoon teas. The annual banquet was held in the Lassen Hotel. H. W. Foght, Ph.D., President of the University of Wichita, was the speaker of the evening. His address on "The Onward March of Health and Longevity" made his hearers proud of the greater happiness already given mankind by the medical and nursing professions in their

endeavors to improve the health of the people, but they were left with a challenge to greater effort in the future. The officers elected for the coming year are: President, Anne Lee Washbon; vice presidents, W. Pearl Martin and Aleta Steck; secretary, Mabel Campbell; directors, Henrietta Froehlke and Sadie Allison.

The Secretary, Mabel Campbell, later sent in her resignation because she is leaving the state, and Miss Washbon appointed Edna G. Elmore, Wesley Hospital, Wichita, to fill the vacancy.

The following is a list of the officers of the Kansas League of Nursing Education for the coming year: President, Henrietta Froehlke, Kansas City; vice president, Sister Rose Victor, Kansas City; secretary, Martha Keaton, Topeka; treasurer, Sister Lena Mae Smith, Newton; directors, Sister Mary Raphael, Hutchinson; Ethel Hastings, Wichita; Grace Umbarger.

Louisiana: The twenty-fifth anniversary of the Louisiana State Nurses' Association convened in New Orleans, November 4 to 7 inclusive, with headquarters at the Jung Hotel, all meetings being held in the loggia. On Monday morning, immediately following registration, there was a meeting of the Advisory Council with Mrs. Clara McDonald, President, in the chair; this was followed by a meeting of the Board of Directors, who discussed the following: two appointments to fill vacancies on the Board of Examiners, Financing of Grading Plan Quota, "R.N." Arm Brassards for Registered Nurses, National Relief Fund, Income Annuity Plan for Registered Nurses, Alumnae Associations To Adopt Calendar Year as Fiscal Year, Election of Delegate to National Convention, 1930, and the establishing of a Six Weeks' Summer Course for Nurses at Tulane University. (This was endorsed by the State Association.)

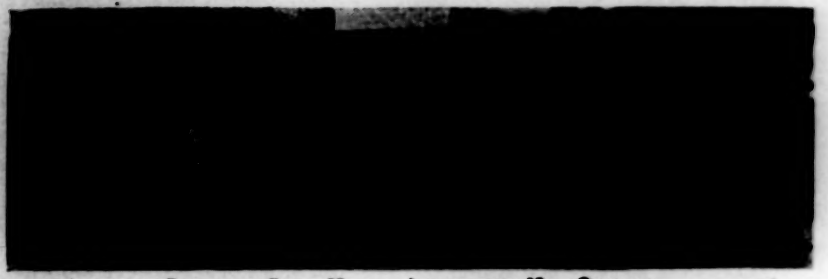
On November 5, Mrs. McDonald called the meeting to order and, after roll call by districts, the reports of the officers and various committees were read, also the reports of sections and districts. Cornelia Gravel, Chairman of the Private Duty Section, presided at the afternoon meeting, at which time the rules of this Section were amended in accordance with the recommendations of Janet Geister. Cava Wilson read a most interesting paper on "Character in the Nurse," which was enthusiastically received. Mary M. Roberts, Editor of the *American Journal of Nursing*, held the undivided attention of the assembly while she delivered her message, principally to the private duty nurse, stressing especially the need for the highest type of womanhood for this type of nursing. A round-table discussion on "Nursing and Its Problems," followed, and Miss Roberts presided.

Julie Tebo presided at the night session, being Chairman of the Grading Committee Section. Dr. Arthur Vidrine gave an address on "The Work of the Grading Committee," and was followed by Miss Roberts, who spoke on the same subject. Geneva Peters took charge of the entertainment for the balance of the evening and was given great applause not only for the clever costume which she wore representing the *Journal*, but for the musical part of the program for which she was responsible. A delightful tea, at which the Shreveport District entertained, came between the afternoon and night sessions, at which time the history of this District was read.

At the Wednesday morning session, Juanita Bayhi, Chairman of the Red Cross Section, presided. She introduced Miss Dunn from National Headquarters, who addressed the body. Miss Gravel, of the Private Duty Section, then read an address, and reports of registrars from all districts, also reports from district sections. After adjournment, all of the members and visitors were conveyed to the Vieuville Hotel, where they were entertained at a "Harvest Luncheon," given by the New Orleans District. Mrs. Lena Cross was mistress of ceremonies. Present at this luncheon were two old ladies who were members of the Board who organized the first training school for nurses in the state.

At the afternoon session, Maud Reid, Chairman of the Public Health Department, presided and addressed the assembly, calling attention to the Duty and Responsibility of Public Health Nursing. Dr. H. B. Levy was then introduced and talked on Mental Hygiene. The following officers in this division were elected: Chairman, Maud Reid; vice president, Miss Barr; secretary, Miss Maurain.

The following state officers were elected: President, Mrs. Clara McDonald; vice presidents, Mrs. Carrie Kyle of Monroe, Minnie Gilmore of Alexandria; secretary, Margaret Price of New Orleans; treasurer, Amelia Dills of New Orleans; councillors: Geneva Peters, Maud Reid and Dorothy Mackenzie. Chairman of committees are: Revision, Cornelia Gravel; Credentials, Stella Guice; Legislation, Barbara Frank; Publication and Press, E. V. Monroe; Program, Amelia Logan; Nominating, Margaret Koenig; Finance, Mrs. Charlotte Barney;



LOUISIANA STATE NURSES ASSOCIATION, NEW ORLEANS

Education, Geneva Peters; Nurses' Relief Fund, Mrs. I. V. Haley.

Officers elected by the League of Nursing Education were: vice president, Stella Stewart of Shreveport; secretary-treasurer, Eunice Broussard of New Orleans; directors, Sister Incarnation, Mrs. A. W. Crebbin, Miss M. Koenig and Vianna Fletcher.

Business being over, the fun began, with the reading of the histories of the different districts, Monroe, Alexandria and Lake Charles each contributing to the pleasure of the listeners.

The same night, at 7 o'clock, Miss Peters read the history of the Louisiana State Nurses' Association from its birth up to the present. This was illustrated with pictures of past presidents, some of whom were present, others having passed away. Then came the climax of the whole convention, when the members entered the banquet hall and were seated at beautifully decorated tables, carrying out the idea of the Silver Jubilee. Each nurse was provided with a cap of silver paper which was worn during the banquet. Motion pictures were made. All the charter members were seated at a long table in the center of the room, and each one, as her name was called, went forward to receive a small silver loving cup, which was presented with an appropriate speech by Miss Peters. Mrs. McDonald was presented with some beautiful roses as a token of appreciation, and Miss Gravel was given a gavel with a silver band, and to Miss Roberts, the honored guest, was given a silver ball in token of the affection and high regard the Louisiana nurses have for her. Thus ended the Silver Jubilee, with the reading of resolutions of thanks to all those who contributed to the success of the meeting by Miss Gravel, who mentioned, particularly, Mrs. McDonald, Miss Peters, Misses Bayhi and Logan. The next meeting will be held in Monroe.

Maryland: The fall meeting of the MARYLAND STATE NURSES' ASSOCIATION was held at Osler Hall, Baltimore, on October 24. The speaker was Dora M. Cornelisen, Field Representative of the *American Journal of Nursing*. The entire evening was given to Miss Cornelisen to present to the nurses the work that the *Journal* is doing, and to impress them with the idea of what help the *Journal* might be to each one of them. That same afternoon Miss Gardner and the officers of the Maryland League of Nursing Education entertained Miss Cornelisen at a tea given at the Hospital for the Women of Maryland.

The annual meeting of the Maryland State Nurses' Association, Maryland League of Nursing Education and the Maryland State Association for Public Health Nursing will be held in Baltimore, on January 28–30, 1930.

Mississippi: Due to the enthusiasm and interest displayed by the nurses of the Jones County Association, who were hostesses to the eighteenth annual meeting of the MISSISSIPPI STATE NURSES' ASSOCIATION, at Laurel, on October 24 and 25, it was voted one of the best meetings ever held. The first morning was given over to business and a talk by Dr. H. H. Ramsey, Superintendent of the State school for Feeble-minded Children, who spoke on "What a Nurse Should Know about Mental Deficiency." The first afternoon the Hospital and Training School Section had a splendid session. A very interesting paper by Mary H. Trigg, one of the charter members of the Association, on "Early Training Schools in Mississippi," and a most instructive paper by Jane Van De Vrede on "Records in Schools of Nursing," and a paper by Hettye Ellzey on "Advantages of Graduate Nurses in Small Hospitals," comprised the program.

An open meeting to which the public was invited was held on Thursday night. The attendance was splendid, and the program consisted of an address of welcome by T. Webber Wilson and addresses by Jane Van De Vrede on "Essential Occupations for Women"; by Helen Dunn, on the Red Cross Public Health Nursing Service; and by the president; Rose Keating, on the "Education of the Nurse."

The second morning's session was in charge of the Public Health Section and consisted of a report of the International Congress of Nurses by Ethel B. Marsh; a report of the American Public Health Association by Ines B. Hooper; a paper, giving details of a visit to the Leper Colony, by Connie Peak. An address that was especially enjoyed was given by Dr. James R. McCord, Professor of Obstetrics at Emory University in Atlanta, Georgia, on the "Prevention of Congenital Syphilis." "Naval Nursing" was introduced to the Association through a lantern slide lecture by Anna G. Davis, Assistant Superintendent of the Navy Nurse Corps. For the Private Duty Section there was a paper by Mrs. R. P. Dunn of Greenville on the "Advantages of a Registry." Social features consisted of two luncheons, a banquet, automobile rides and a tea at the Charity Hospital Nurses' Home. It was altogether a splendid meeting considered from every standpoint. Officers elected for the following year were: President, Syd Vaughan, Bookhaven; vice presidents, Kate Lou Lord, Mattie M. Payne, Rose Keating, Fannie A. Howell, Bertie Jones, Maude Varnado; secretary, Mrs. Ines B. Hooper; treasurer, Alice W. Goodman.

Missouri: The Missouri Nurses' Association and the Missouri State League of Nursing Education met in joint session at the Robidoux Hotel, St. Joseph, October 21–26. One hundred and forty-seven members, nineteen student nurses and twenty-eight visitors registered for the session. Grace G. Grey, President of the State Association, in the opening address, gave a brief résumé of Missouri's contribution to nursing history, and outlined a constructive program for the ensuing year, which included the establishment of permanent State Headquarters, a one hundred per cent membership in State and District organizations, a more active interest in civic affairs, and the development of nursing leaders by establishing loan and scholarship funds. The remainder of the first day was devoted to the transaction of business, interspersed with an Advisory Council luncheon, and made memorable by the presence of S. Lillian Clayton, President of the American Nurses' Association, whose every word carries conviction because of the outstanding success in her own chosen field, and her knowledge and sympathetic appreciation of individual and national nursing problems. The subject of Miss Clayton's address at the general session was "Latest Reports from the Committee on the Grading of Nursing Schools." Mrs. Isabelle W. Baker, National Director Home Hygiene and Care of the Sick, American Red Cross, was also one of the welcome guests and gave a most interesting talk on what home hygiene means to a community.

Tuesday morning was given over to the Institute and League business. Miss Clayton spoke on "Hospital Administration Problems," and gave constructive suggestions for improvement. Mary E. Gladwin of Ohio followed Miss Clayton with an address on "Growth and Education." F. H. Barber spoke on "Newer Developments in the Field of Education."

Sectional luncheons occupied the interim until 3 p.m. In the afternoon, the Private Duty Section had a very interesting program, Susan Wilson, President of the Private Duty Section, presiding. Miss Clayton gave a splendid talk on "Standardization of Registries," and made a plea to have all nurse registries recognized as the most reliable source of nursing service in any community. Olga Weigman followed with a discussion of "The Private Duty Nurse's Viewpoint of 'Nurses, Patients and Pocketbooks.'" At 4 p.m. Miss Gladwin held a round table for student nurses. The increased attendance and interest of the student nurses in the state meeting, augers well for the future of the nursing profession in Missouri.

There was no further business during the evening, as everyone attended a most delightful banquet under the auspices of the First District Association. Two hundred and twenty-five guests assembled in the Crystal Room of the Robidoux Hotel and enjoyed a feast not only of food but of music and good cheer as well.

Wednesday, Pearl McIver conducted the morning session devoted to Public Health. Of special interest to Missouri is the establishment of a Department of Public Health at Washington University under the direction of Anna Heisler. Miss Heisler outlined the opportunities in Public Health Nursing and stressed the need for all nurses to have a public health outlook. Wednesday afternoon marked the closing business session of the

State Association. The following officers were reflected for the ensuing year: President, Grace G. Grey; vice presidents, Mary E. Stebbins and Nannie J. Lackland; secretary, Mrs. Clara Peterson Holmes; treasurer, Bertha Love. Several changes in the by-laws were also adopted. These included the changing of the name Missouri State Nurses' Association to Missouri Nurses' Association. Provision for a State Headquarters and a State Secretary were also carried, details to be determined later. The 1930 Convention will be held in Columbia.

The remainder of the week was given over to the Institute under the auspices of the Missouri League of Nursing Education, Irma Law, President, presiding.

The State League officers for the coming year are: President, Irma Law; first vice president, Claribel Wheeler; secretary, Carrie Benham; treasurer, Mrs. Saidee Hausmann.

The perfection of arrangements and the hospitality of the St. Joseph nurses could not be surpassed.

Nebraska: The NEBRASKA STATE NURSES' ASSOCIATION and STATE LEAGUE OF NURSING EDUCATION held its twenty-fourth annual meeting, October 18 and 19, with headquarters at the Lincoln Hotel, with Florence McCabe, of Omaha, presiding at the general meetings. Major Julia C. Stimson, Superintendent of the Army Nurse Corps, was unable to attend, as planned. Nina D. Gage, of New York City, who is Executive Secretary of the National League of Nursing Education, told of the International Congress held in Montreal, this summer, at which she presided as president of the group, which is composed of delegates from thirty-four nations. At another meeting she outlined the work of the Grading Committee. Mrs. Elsbeth Vaughan, who is Assistant National Director, Nursing Service, American Red Cross, Mid-West Division, outlined reasons for joining the Red Cross.

The meetings were well attended, as many as two hundred and fifty present in various sessions.

Friday evening, October 18, the banquet was held at the New Nurses' Home of the Lincoln General Hospital, Mrs. Gladys G. Smith, Superintendent of the Hospital, acting as hostess for the occasion. There were two hundred in attendance. George Rosenlof, Ph.D., Nebraska State Department of Public Instruction, as toastmaster, introduced Dr. H. Von W. Schulte, Dean of Creighton University School of Medicine, Omaha, as the speaker of the evening. The Convention was closed with a tea, Saturday evening, at Bryan Memorial Hospital. Officers of the State Association are: President, Blanche Fuller, Omaha; secretary, Gertrude Krausnick, Lincoln; treasurer, Garda Johnson, Hastings.

New York: About one thousand nurses registered at the recent annual meetings of the three New York State organizations of nurses held in Buffalo. The program was exceedingly well arranged and offered topics of interest to private duty, public health, industrial and institutional nurses as well as lay groups.

At the general business session of the New York State Nurses' Association, held Tuesday morning, a very thoughtful and inspiring address was read by the President, Mrs. Genevieve M. Clifford. Reports from the Secretary and Treasurer, also from Headquarters office were given. Two objectives for the coming year were offered: (1) Increased membership; (2) increased interest in alumnae and district associations.

Tuesday evening a dramatic and inspiring meeting was held at the Buffalo Consistory. The use of this building was given through the generosity of Mr. and Mrs. George A. Keller, of Buffalo, in memory of Mary A. Stevenson and in honor of the local Red Cross nurses. Two hundred and fifty Red Cross nurses and 800 students marched in the processional. Every nurse present was conscious of three impressions—pride that she belonged to such a profession, joy that she was privileged to serve her country and community when the need should arise, and happy that her profession added to the strength of her nation's defense in peace or war. Clara D. Noyes and Dr. Thomas Green of Washington were inspiring speakers.

Wednesday afternoon, at the meeting of the Advisory Council, the Relief Fund and its purpose were discussed at some length. It was decided to ask the National Association to submit a tentative plan of relief-giving.

The following subjects were very ably discussed at the various other meetings: "Milestones in Public Health Nursing," "Education," "How Can We Stimulate Interest in Local Sections of the League?", "The Head Nurse," "Communicable Diseases," "Social Hygiene," "Gainful Occupation of Leisure," "Housing a Modern School of Nursing," and "Responsibilities of Training School Committees."

Several luncheons and breakfasts were held for industrial, school and public health nurses, directors of registries and chairmen of private duty sections.

Wednesday morning, Miss Allison, State Chairman of the Legislative Committee, met

the district chairmen at breakfast. Miss Allison explained, in a graphic manner, "How a Bill Becomes a Law," and several details which were brought out in the discussion. This was a very profitable meeting.

Thursday morning, a breakfast meeting for the President and Secretary of each of the fourteen districts was conducted by the Executive Secretary, Miss Hicks. Matters relating to District and State organization were considered.

Several trips and teas were arranged by the committee. The banquet was an outstanding success.

The State organizations are deeply indebted to Mrs. Anne Hansen and Mrs. Tessa Klein and their committees for the efficiency with which the program was carried on. Every possible detail for the comfort, pleasure and benefit of their guests had been arranged. District 1 will long be remembered for its perfect hospitality. Officers elected for the State Association are: President, Mrs. G. M. Clifford, Syracuse; vice presidents, Helen Wood, Rochester, and Evelyn Howard, Port Chester; secretary, Lena Kranz, Utica; treasurer, Louise R. Sherwood, Syracuse; directors, Ella F. Sisselbee, Buffalo, and Alta E. Dines, New York. Officers for the League are: President, Mary E. Robinson, Brooklyn; vice president, Nora McCarthy, Binghamton; secretary, Grace Hinckley, Brooklyn; treasurer, Minnie H. Jordan, New York. The next meeting will be held in Syracuse, October, 21–23, 1930.

Pennsylvania: The twenty-seventh annual convention of the GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA, in joint session with the Pennsylvania State League of Nursing Education and the Pennsylvania Organization for Public Health Nursing, was held October 21–25, at the Yorktowne Hotel, York. There was a registration of 547. There were various committee and Board meetings held, the first being the History Committee meeting, October 21, followed by a Board meeting of the Graduate Nurses' Association and an Advisory Council dinner meeting. A breakfast Board meeting was held October 21. From 8 until 9 a.m., Monday, Tuesday and Wednesday, Mrs. Emma Fox conducted classes on Parliamentary procedure, which were enthusiastically attended.

The business session of the Graduate Nurses' Association began at 9 a.m., Monday, with Esther J. Tinsley, President, presiding. The reports of officers, committees, sections and district associations continued throughout the day. These reports, many of which contained well-thought-out recommendations, were accepted, and in some cases with modifications, the recommendations were accepted.

The formal opening was held Monday, at 8 p.m., Esther J. Tinsley presiding. The invocation was given by the Reverend Paul Sydney Atkins; addresses of welcome were given by the Honorable Jacob Weaver, Mayor of the city, and Dr. Homer D. Baird. The response to the addresses of welcome and the presidential address was then given by Miss Tinsley. The increase of membership for the year 1929 was 1182. Mary A. Rothrock, President of the State League, gave a very able paper on "Responsibilities of Nursing Education." Helen Mar Erskine, President of the Pennsylvania Organization for Public Health Nursing, in her address outlined the accomplishments of that organization during the year. The speaker of the evening was Dr. Leon C. Prince, Dickinson College, who gave a most inspiring paper entitled "What Do We See?"

Tuesday morning the business meeting of the Graduate Nurses' Association continued until noon. At 12.30, a Red Cross luncheon was held, Mrs. J. E. Roth, State Chairman of the Red Cross Nursing Committee, presiding. I. Malinda Havey gave a most thrilling address on "The Nurse in Disaster." Later, the convention was the guest of the Board of Directors of the Visiting Nurse Association and the Woman's Auxiliary Board of the York Hospital, at a tea served at the beautiful Country Club of York. The Local Quota Club held a dinner at which all visiting Quotarians were guests.

At the evening session, Dr. Damon B. Pfeiffer spoke on "Control of Cancer," and demonstrated his lecture with interesting lantern slides.

The report of the tellers showed the following officers and directors of the Graduate Nurses' Association elected for the coming year: Esther J. Tinsley, Pittston, President; Helene S. Herrmann, Harrisburg, vice president; Adelaide W. Fireman, Philadelphia, secretary-treasurer; directors, Jean M. Coucheur, Katherine E. V. Hope, Edith E. Yingst, Rose Meyer, Mary E. Peringer, Elsie B. Shaw. This is the first election conducted since the revision of the by-laws last year, which gives a board of eleven members, a representative from each district.

Wednesday morning there was a business meeting of the Graduate Nurses' Association from 9 until 10. The Code of Ethics adopted by the Association in 1926 was reaffirmed as the Code of Ethics for the Association.

The Private Duty Section then took over the program and conducted their business throughout the morning, with various reports and problems presented for discussion. Mr. S. E. Haines, representative of the Harmon Foundation, spoke of the work of that organization. A general luncheon was held, at which time Mrs. William McClellan, Spring Grove, Pa., presented a paper entitled "Opportunities in the Field of Private Duty Nursing, as Seen by a Layman."

The afternoon session was held in the Zion Lutheran Church, at which time Eleanor Hamilton, Superintendent, Presbyterian Hospital, Newark, N. J., spoke on "Group Nursing." A very excellent paper by the Reverend Walter Hogue was also given. Section officers elected are: Katherine E. V. Hope, Wilkes Barre, Chairman; Jane McQuade, Pittsburgh, vice chairman; Edna Wagner, Pittsburgh, secretary.

Miss Tinsley presided at the banquet held on Wednesday evening. A huge birthday cake, decorated with twenty-seven candles, was brought in during the meal. The speaker of the evening was Miss S. M. R. O'Hara, Deputy Attorney General of the State of Pennsylvania, who reminded the nurses of their responsibility as citizens.

Thursday was Public Health Day. There was a Breakfast Board meeting, followed by a business meeting. The meeting was then turned over to Dr. Malcolm Read, Chief, State Clinics, York, who presided. Dr. A. L. Lanza, Metropolitan Life Insurance Company, was the first speaker, on "Value of Annual Physical Examination, with Its Possibilities for Health Protection." Elizabeth Miller chose for her topic "Responsibility of the Public Health Nurse for Social Adjustments of Tuberculosis Patients, before, during and after Sanitarium Care"; Dr. Thomas Parran, Washington, D. C., also gave an interesting paper.

From 10.30 until 12 there was a Lay Members' Institute held through the generosity of the York Visiting Nurse Association, Anna L. M. Huber presiding. The speakers for the Institute were Katharine Tucker, New York City, and Mrs. Henrietta Cross, Washington, D. C. The afternoon and evening sessions of the Institute were in joint session with the general convention, which conducted a program on Mental Hygiene. There was a luncheon conducted by the Lay Section at the York Country Club, for Board and Committee members; there was a school nurses' luncheon, at which Lois Owen presided. The paper presented at that luncheon was "What Constitutes a School Health Program," by Mary Hulsizer, Newark, N. J. The general luncheon was presided over by Winifred Moore.

Fine papers were presented by Florence Ambler, on "School of Nursing Responsibility in the Affiliations"; "Public Health Nursing Organization's Responsibility in the Affiliation," Harriet Frost, and "State Board of Examiners for Registration of Nurses—Appraisal of Affiliations," Helene S. Herrmann, Secretary-Treasurer, State Board of Examiners.

The theme for the afternoon session was Mental Hygiene, Leslie Wentzel, Superintendent, Visiting Nurse Association, Scranton, presiding, and the following papers were presented: "Child Guidance Clinics," Dr. Frederick Allen, Philadelphia; "School Counselling," Anna B. Pratt, Philadelphia; "The Nurse and Mental Patient," discussion by Dr. Allan Jackson and Dr. Leroy Maeder. A paper was also given by Katharine Tucker, entitled "Opportunities for Public Health Nurses in the Mental Hygiene Program."

The evening meeting began at 8 p.m., Helen Mar Erskine presiding. The address by Edward T. Devine, of New York, entitled "The Right to Life," proved exceedingly worth while.

Friday, October 25, was League Day. The business session opened at 9 a.m., with Mary A. Rothrock, President, presiding. The address of welcome was extended by Eleanor Johnson. The reports of officers and committees were read. Helene S. Herrmann gave an excellent paper entitled "Opportunities of Postgraduate Study for Nurses." A conference on "Student Participation in School Government" was led by Florence Ambler. Students from the Philadelphia General Hospital, Allentown General Hospital and Western Pennsylvania Hospital gave outlines of the student activities as conducted in their respective schools of nursing. At the luncheon meeting, Mary M. Roberts, Editor, *American Journal of Nursing*, spoke on "The Use of the *Journal* as a Teaching Help."

At the afternoon session, the first paper was "Problems of Ward Management and Teaching" by Carolyn E. Gray. This was followed by an address, "A Practical Plan for Correlation of Theory and Ward Practice," by Martha Ruth Smith, Teachers College. The new Pennsylvania State Curriculum for Schools of Nursing held much of interest for all who were in any way connected with training schools, and the discussion of this occupied the closing hours of the afternoon.

At the evening session, the speaker was James Hayes White, Ph.D., of the University of Pittsburgh, who gave an inspiring address

on "Perspective." Mary M. Roberts most ably discussed "Problems in Teaching Ethics to Student Nurses."

The report of the tellers showed the following officers elected for the coming year: Esther Loubenstein, Greensburg, vice president; Sarah Krewson, Wilkes Barre, secretary; Anna L. Meier, director.

Those who attended the convention agreed that it was one of the best we have ever had. The programs were excellent, the arrangements almost perfect. The presiding officers handled the meetings with tact and also with dispatch. The discussions showed a grasp of facts, as well as an intelligent interest, that was most encouraging to those charged with the task of keeping the busy nurse well informed.

Rhode Island: The RHODE ISLAND STATE NURSES' ASSOCIATION held its fall meeting at the Medical Library, Providence, October 30. Following the business meeting, Winifred L. Fitspatrick, Associate Director of the Providence District Nursing Association, spoke on the Harmon Plan "Annuities for Nurses" and outlined the "Health Survey" made in Providence, last May. Some aspects of the International Conference at Montreal were outlined by Minnie Goodnow, Superintendent of Nurses, Newport Hospital, E. Frances Sherman, Registrar, Rhode Island Central Directory for Nurses, and Winifred L. Fitspatrick. Isabella F. Erskine, Chief Nurse, United States Naval Hospital, Chelsea, Massachusetts, gave a talk on "The Navy Nurse Corps," illustrated by lantern slides. About one hundred members attended.

Tennessee: The TENNESSEE STATE NURSES' ASSOCIATION held its twenty-fourth annual meeting at Andrew Jackson Hotel, Nashville, October 13, 14 and 15. Mrs. Corinne Hunn of Memphis, President of the Association, presided. Mayor Hilary E. Howse welcomed the Association. The speakers included Dr. Harry Mustard, Assistant State Health Commissioner; Dr. John Overton, Nashville City Health Officer; Elma Rood, George Peabody College; Isabelle Carruthers, St. Louis, Mo.; Anna G. Davis, Assistant Superintendent Navy Nurse Corps, and many others. The Monday afternoon meeting, held at Vanderbilt Hospital when Vanderbilt Nursing students demonstrated several modern nursing procedures, was one of the most enjoyable of the meetings. Monday evening, at 7, a cabaret dinner was held at the hotel. The speakers of the evening were Jane Van De Vrede of Atlanta, President of the Southern Division, who talked most delightfully on "Technics and Technic." Mrs. Arch Trawick discussed the nurses' place in the Federated Women's Clubs in a most interesting manner.

During the meeting of the Educational Section, initial steps were taken for the formation of a State League of Nursing Education. Edith Brodie of Vanderbilt University Nursing School, Nashville, was elected President of the newly formed League, and Miss Rest of Methodist Hospital, Memphis, Secretary.

Nashville nurses entertained the visitors most royally: The Baptist Hospital Alumnae gave a breakfast Sunday morning; the Nashville General Hospital Alumnae a lunch, Sunday noon. Tea was given at Vanderbilt Nurses' Home Monday afternoon. The cabaret dinner was tendered by the Private Duty nurses, tea at St. Thomas Hospital, St. Thomas Hospital Alumnae, Tuesday afternoon. All felt that a very successful and delightful meeting had been held. The following officers were elected for the coming year: President, Hazel Lee Goff, Knoxville; vice presidents, Mrs. S. I. Bolton, Nashville, and Mary Hennessey, Chattanooga; secretary, Georgia Holmes, Methodist Hospital, Memphis; treasurer, Dorothy Ebbs, Chattanooga. Chairmen of committees are: Ways and Means, Edith Brodie, Nashville; Publicity, Mrs. Myrtle Blair, Nashville; Revision, Nancy Rice, Nashville; National Relief, Julia Wright, Chattanooga; Nominating, Mrs. Corinne Hunn, Oakville; Arrangements, Elisabeth Killiffer, Knoxville.

Utah: The fifteenth annual meeting of the UTAH STATE NURSES' ASSOCIATION was held at the Newhouse Hotel, Salt Lake City, October 19, with an afternoon and evening session. The attendance was unusually good, no doubt due to the fact that the membership has been practically doubled during the past year. The President, Mrs. Myrtle Horne, in her opening address, gave an outline of the year's activities, and showed gains for 1929. Clare DeCou, Assistant Superintendent of the Navy Nurses Corps, San Diego, California, gave an interesting and instructive talk on "Navy Nursing," and later during the evening showed stereopticon views, depicting life in the Navy. The two members who had represented Utah at the International Congress at Montreal gave their reports at this meeting. The annual banquet was served in the supper room at 6.30 p.m., and was also well attended. The officers for the new year were elected at the evening session, and the members were happy to have Mrs. Horne reelected as president for the coming year. The secretary and

treasurer were both elected to serve another term.

Vermont: The semi-annual meeting of the VERMONT STATE NURSES' ASSOCIATION convened October 30, at the Athena Club, Burlington, with sixty nurses in attendance and the President, R. Hazel Berry in the chair. The morning session was taken up with business and a report of the International Congress of Nurses held in July.

In the afternoon session, various phases of public health were presented by Anne Conolly, representing the Association for the Blind; Laura Tabor of the staff of the Mutual Aid Association of Brattleboro; and Mrs. Helen Armstrong of the Burlington Visiting Nurses' Association. The meeting then divided into Public Health and Private Duty Sections. Problems incident to the two sections were discussed at this time, Mrs. Alma Scott leading the discussion of the private duty nurses. At four-thirty o'clock, tea was served by the Mary Fletcher Hospital Alumnae Association and a pleasant social hour was enjoyed.

At the evening session, an instructive address was given by Mrs. Alma H. Scott, Field Secretary of the American Nurses' Association. Mrs. Scott spoke on "The Opportunities of the Private Duty Nurse." She stated that never before have there been so many opportunities for the private duty nurse. General duty, group nursing and hourly nursing are all developing very rapidly and are helping to stabilise their work.

District and Alumnae News

Connecticut: Hartford.—The fall meeting of the St. Francis Hospital Alumnae Association was held on October 26, at the Hospital. Katherine V. O'Dell, President of the association, presiding. It was the occasion of much enthusiasm for the alumnae were celebrating its twenty-first birthday. They feel a pardonable amount of pride when they turn back the pages of alumnae history to 1908, when Sister John Teresa called together the twenty graduates and founded the St. Francis Hospital Alumnae Association. Today they number five hundred active members and are represented in all branches of the nursing profession. Another reason for happiness and joy is that Sister John Teresa still is the beloved Instructress and Superintendent of Nurses. The program for the fall and winter social activities was outlined and plans regarding the investment and disposition of funds voted upon. The retiring officers were so efficient and earnest in the discharge of their duties, that they were reelected, thus assuring the organization of three years more of progress and success.

District of Columbia: Washington.—The ALUMNAE OF THE GEORGE WASHINGTON UNIVERSITY HOSPITAL met November 12, with a fairly good attendance. The following officers were elected: President, Nell Hamlin; secretary, Ruth Poindexter; treasurer, Mrs. Eleanor Schwinn. Sixteen new members were admitted.

Illinois: Chicago.—The CENTRAL COUNCIL FOR NURSING EDUCATION held a luncheon meeting at the Palmer House on November 13, at which an address was given by Morris Fishbein, M.D., on "The Cost of Medical Care." **Peoria.**—The annual meeting and dinner of the SEVENTH DISTRICT ASSOCIATION was held, on November 7, at the University Club. The program consisted of special music and Professor Trimble of Bradley gave a splendid talk on "Psychology of Nursing." The new officers elected for the coming year are: President, Bessie Moore; second vice president, Alma Godel; treasurer, Rose Wood. Chairmen of Committees are: Credential, Margaret Copeland; Legislation, Helen Fowler; Publication and Press, Pearl Wood; Nomination, Belva Sturm Henniges; Revision of by-laws, Ruth Voelpel; Finance, Louise Nicol; Relief Fund of American Nurses' Association, Margaret Breitenstein; Red Cross, Edna Gillen.

Iowa: Des Moines.—The SEVENTH DISTRICT held a meeting on November 7, when reports of the State meeting were given by the delegates. A number of visitors, school nurses, who were attending the state teachers' meeting were present. On November 8, the Public Health Section of the State Teachers' Association held a luncheon meeting at which a talk was given by Dr. Lanphere, a report of the International Council of Nurses by Winifred Boston, and one of the Midwest Division by Molanda Silser.

Massachusetts: Boston.—Because of illness, Miss Wakefield has resigned her position as registrar of the Central Registry. She is succeeded by Ellen C. Daly. The MASSACHUSETTS WOMEN'S HOSPITAL held graduation exercises for a class of eight on November 12., with an address by Rev. John Nicol Mark.

Michigan: Bay City.—Sister M. Fidelis has recently been appointed Superintendent of Nurses at Mercy Hospital. **Detroit.**—The DETROIT DISTRICT will hold its December meeting on the 6th at District Headquarters,

when Julia P. Wilkinson, Field Secretary of the American Nurses' Association, will speak. The HENRY FORD HOSPITAL ALUMNAE held a meeting November 4, at which Mary P. Connolly spoke on "Nursing Organization and Publicity." PROVIDENCE HOSPITAL ALUMNAE met on October 14 and elected: President, Mary McLellan; vice president, Gladys Kaiser; secretary, Louise Richards; treasurer, Gertrude Mackay. Flint.—At the annual meeting of the HURLEY HOSPITAL ALUMNAE, held on October 3, the following officers were elected: President, Helen L. Loomis; vice presidents, Marjorie Losure and Almeda Flarity; secretary, Leona Grey; treasurer, Asta Lens. Grand Rapids.—At St. Mary's Hospital Sister Mary Richards has been appointed Superintendent of Nurses; Madeline Hauser, Instructor. Lansing.—At a meeting of the District Association, September 6, Anna G. Davis spoke on the Navy Nurse Corps. Port Huron.—The ALUMNAE ASSOCIATION OF THE PORT HURON HOSPITAL held its first fall meeting and heard reports of the International Council of Nurses from Mrs. Curtice and Mrs. Lewis.

New York: Brooklyn.—CARSON C. PECK MEMORIAL HOSPITAL held graduating exercises for a class of 18, on November 22, at the Brooklyn Academy of Music. Johnson City. —The regular meeting of DISTRICT 5 was held November 4, in the Charles S. Wilson Memorial Hospital. Seven new members were accepted. A Nominating Committee was appointed, Mrs. Etta Baumann Scott, chairman. Reports of the State meeting in Buffalo were given by Mrs. Pearl Spencer and Mrs. Eleanor Crook. The meeting was then turned over to Katherine Duelle, representing the Red Cross Nursing Service. She presented badges to two newly enrolled members and an address was given by Mrs. Charlotte Heilman, State Red Cross representative. Rochester.—A meeting of DISTRICT 2 was held at the Genesee Valley Nurses' Club on October 29. A report of the state meetings in Buffalo was given by Katherine Kimmick, the President. The Constitution has been changed to comply with the request of the State Association, "that the annual meeting be held in January instead of in May." A large number were present. At the roll call all Alumnae associations except two responded. The five counties in the District represent distances of 45 miles. Augusta Peters, former Health Bureau Nurse, is on a leave of absence, to study at Teachers College, New York. Mrs. Emily Lewis, a graduate of Johns Hopkins Hospital, has been appointed Assistant Superintendent of Nurses at the Clifton Springs Sanitarium and Clinic, School of Nursing. Student nurses, from a number of the hospitals in District 2 were an interested group at the state meeting. Syracuse. —A meeting of DISTRICT 4, held at the Good Shepherd Hospital, on Armistice Day, was opened with a silent tribute to the 296 American nurses who lost their lives during the World War. Five new individual members were accepted. The Treasurer's report showed a goodly balance on hand, with the Registry self-supporting this year for the first time. Report on the Institute held recently showed that 172 nurses had attended part or all of the two days' session. These nurses were so interested that they have requested that two such Institutes be conducted each year. The Institute was planned by the District officers and the Governing Board of the Official Registry, assisted by the Central New York League of Nursing Education.

North Carolina: Asheville.—DISTRICT 1 held its regular meeting, October 9. A letter from Miss Laxton, General Secretary, announcing the opening of State Headquarters was read. The value of this office to the Association and its activities was discussed and much interest expressed. Miss Ericsson gave an interesting account of the International Congress from the viewpoint of the private duty nurse. Burlington.—DISTRICT 4 held its regular meeting on October 2, at Rainey Hospital. The advisability of organizing a Club at Burlington was discussed, and a special committee appointed to formulate plans. The members of the District at High Point have found their Club a material help in keeping the group interest when unable to attend District meetings in other places. Miss West, State Educational Director, gave an informal, helpful talk on her work in the schools. The Program committee presented Dr. Carrington who talked interestingly on "Nursing—Past, Present, and Future." Charlotte.—DISTRICT 3 held its regular meeting October 9, in the Nurses' Home of Mercy Hospital. The announcement of the opening of State Headquarters in Asheville with Mary P. Laxton, General Secretary, was given hearty endorsement. Dr. Francis Martin was introduced and gave a very interesting, instructive talk on "Cancer." Durham.—DISTRICT 5 held its regular meeting on October 9. Following the usual business, the letter of the General Secretary, announcing the opening of State Headquarters, was read and heartily approved. Talks on current nursing affairs were made by several nurses. Wilmington.—DISTRICT 9 held its regular meeting in the Nurses' Home,

James Walker Memorial Hospital, October 2. The letter from Miss Laxton, General Secretary, announcing the opening of State Headquarters, met with favorable comment. The organization of an Official Registry was the important subject of the day, special committees were appointed to report at the November meeting.

Ohio: Ann Arbor.—District 9 held a meeting on November 20 at the Cherry Street Women's Club. Dr. John Sundwall spoke on "The Future Aspect of Public Health." **Cincinnati.**—The regular meeting of District 8 was held on October 28, at the Nurses' Home, General Hospital. The program consisted of a speaker from the League of Women Voters and an illustrated talk by Nell Kelly on Washington, America's most interesting city. The regular meeting of the Public Health Section of District 8 was a supper meeting at the Emanuel Community House, on November 7. The program consisted of reports from State Institute meetings. **Columbus.**—District 12 held a meeting on November 6, when Dr. W. W. Charters spoke on "Personality in Nursing." The three main points brought out were: dependability, friendliness, ability to organize. More than 100 nurses attended this meeting.

Pennsylvania: Bethlehem.—The annual meeting of St. Luke's Hospital Alumnae Association was held at the Graduate Nurses' Home, October 18. The following officers were elected for two years: President, Helen McDaniel; vice president, Bessie Landis; secretary-treasurer, Bessie M. Ely; corresponding secretary, Mary Youngkin; and three directors. The Association has presented $100 to the Training School for a reference library. **Philadelphia.**—The Protestant Hospital Alumnae met in the new Dispensary Building on November 5, with a good attendance. Susan J. Hay, delegate from the State Convention, read a very interesting and instructive report. Anna B. Bohman, President, stressed the importance of registration before September 1930. There was discussion on new by-laws, since the State has revised its by-laws. **Pittsburgh.**—Mary E. Gladwin, formerly educational director in Minnesota, addressed the Pittsburgh League of Nursing Education, October 9, at the Mercy Hospital Nurses' Home. There were approximately two hundred present, including a few representatives from the medical staffs of the various hospitals. Miss Gladwin spoke on "Group Nursing" and told of the plan worked out at St. Mary's Hospital, Rochester, Minnesota. She stated that the object of group nursing is to reduce the cost of illness to the patient of moderate means and to give employment to a larger number of nurses. The plan as worked out at St. Mary's Hospital has been most satisfactory.

South Dakota: Madison.—The quarterly meeting of District 2 was held October 8. A very instructive lecture was given by Dr. C. E. Sherwood. Dr. Mary I. Kirkwood discussed "The Future of the Nurse" and Miss G. Johnson of Mitchell, gave a most interesting talk on "Problems of the Private Duty Nurse." The meeting concluded after the round-table discussion. The officers for the next year are: President, Agnes B. Thompson, Madison; vice president, Sister Juliana, Yankton; secretary and treasurer, Olinda Schrepel, Madison; auditor, Mabel Woods, Mitchell. It was voted to have the next quarterly meeting at Mitchell.

Virginia: Richmond.—At the last meeting of the Fifth District which was held at St. Elisabeth's Hospital, there were twelve Richmond training schools and some of the best known institutions in the United States represented. A most interesting paper on the International Council of Nurses in Montreal was read by Laura Victor. The President reported that this district was now officially recognised by the Virginia State Nurses' Association and was one of the thirteen in the state. It includes the following counties: Amelia, Charles City, Chesterfield, Cumberland, Goochland, Hanover, Henrico, King William, New Kent, Nottoway, and Powhatan. It was brought out that membership includes active alumnae members residing in this district and non-resident members in good standing in their alumnae who are living in this district. Membership in the State Association is made only through membership in the district. The officers of the Fifth District are: President, Marie L. Baptist; vice presidents, Mrs. W. W. Gosden, Jr., Byrd McGavock; secretary, Laura Victor; treasurer, Theresa Childress.

Wyoming: Cheyenne.—Anna Grace Williams has been appointed Superintendent and Director of Nursing of the Memorial Hospital of Laramie County. Miss Williams was Instructor of the School for two years and resigned to establish the nursing service of the pioneer Tuberculosis Sanatorium of the state, two years ago.

Too Late for Classification

Maryland: The Maryland State Board of Examiners of Nurses will hold an examination for state registration, the week of February 3, 1930. All applications must be filed, not later than January 15, with the Secretary, Mary Cary Packard, 1211 Cathedral St., Baltimore.

Deaths

Josephine Beckie (class of 1924, Chicago Policlinic Hospital, Chicago), at the Nurses' Cottage, Edward Sanatorium, Naperville, Ill., recently. Miss Beckie was a private duty nurse working from her own school, until she had an attack of influenza, followed by tuberculosis from which she never recovered.

Helen Ward Balkwell (class of 1926, University Hospital, Chicago), on September 19, at Racine, Wis., of heart trouble.

Stella DeLaney (class of 1896, Williamsport Hospital, Williamsport, Pa.), on September 28, at Fairfield, Conn. Miss DeLaney did nursing work in Kansas, then in Colorado. She did institutional work for about a year, then private duty which required her living abroad or travelling extensively until the time of her death.

Elizabeth Dewey (class of 1882, Brooklyn Hospital, Brooklyn, N. Y.), on April 14, in New York City, from cancer. Miss Dewey was doing private duty nursing when the Spanish-American War was declared and she immediately enlisted for duty. She was sent to Chickamauga, Tenn., where she was in charge of a ward, later going to Porto Rico, where she remained for a year, and helped establish a hospital. Miss Dewey went to Tarrytown, N. Y., nearly twenty years ago, where she spent the rest of her nursing life, taking a deep interest in the public health work of the community. She did notable work during the influenza epidemic of 1918. She was instrumental in establishing and active in the guidance of the nursing service of Neighborhood House. Among her last efforts was the promotion of a dental clinic for school children to which she contributed from her own personal funds. This has now been named the Elizabeth Dewey Dental Clinic. Miss Dewey was an early worker in the New York State Nurses' Association and the American Nurses' Association of which she was a "permanent member" while that class of membership was in operation. She was an enrolled Red Cross nurse, and a most loyal supporter of its work. She was chairman of the State Red Cross Committee during the early years of the war and did most efficient work in that capacity. She always added to the joy of others and when her final illness came, she faced the outcome with courage.

Margaret Dunn (graduate of the Sisters of Mercy Hospital, Kalispell, Mont.), recently, at Dubuque, Iowa. During most of her life, Miss Dunn was a teacher. During the influenza epidemic, in 1918, she was one of the volunteer nurses in Iowa, and worked all through that trying time without thought of self. In 1919, Miss Dunn came to Kalispell, Mont., hoping to spend her declining years with the Sisters of Mercy at the Kalispell General Hospital. Finding here there was more to be done than at times there were hands to do, she was always busy helping in any way possible. She was so proficient in nursing that the doctors and the Sisters urged her to take the course in nursing which the hospital gave. Although at this time she was sixty-one years of age, special permission was granted the hospital and she entered the class then in training and at the end of three years completed the course and was graduated *cum laude*. For nearly seven years Miss Dunn worked earnestly and arduously at her profession, both in the hospital and in homes in Kalispell. About a year ago her health began to fail and while she realized the seriousness of her condition, she kept the knowledge to herself and continued without faltering in her work. Shortly before her death she asked to be taken to her home in Iowa. Thus closed a beautiful life of service for God and man. In her death many have lost a true, staunch friend and the world has lost one whose whole life was one of earnest work and striving, of self-sacrifice and piety.

Anna Ruth Johnson (class of 1924, Mary Fletcher Hospital, Burlington, Vt.), on October 9, at Fair Haven, Vt., after a very brief illness.

Ruth Belle Kynard (class of 1917, Touro Infirmary, New Orleans, La.), on September 29, at her home in Selma, Ala. In 1919, Miss Kynard came to Selma as Supervisor at the Alabama Baptist Hospital, but for the past two years she had been a member of the staff at the Veterans' Hospital, Algiers, La. Miss Kynard was an active member of her alumnae association and of the state associations of Alabama and Louisiana. She was a member of the Publicity Committee of the Alabama

State Association at the time of her death. She will be sadly missed in the nursing circles of the two states.

Anna M. McGee (class of 1897, St. Mary's Hospital, Brooklyn, N. Y.) on October 28, suddenly, at her home in Schenectady, N. Y. Miss McGee served during the Spanish-American War at Manila and, during the Boxer Rebellion in China, being a member of the Army Nurse Corps. After the war, she went to New York City where she was on the staff of the Henry Street Settlement until 1903, when she went to Schenectady and started school nursing in the schools, a work she carried on for three years. On her resignation from the school system, she started visiting nursing in Schenectady. Out of this she built up the Schenectady County Public Health Nursing Association with a staff of fourteen nurses of which she was General Director at the time of her death. Miss McGee was very active in the American Red Cross, having been Chairman of the Nursing Committee from the time of the organization of the Schenectady County Chapter, until her death. She was also Chairman of the annual Red Cross roll call. Giving of herself unsparingly at all times, she was an inspiration to those associated with her. She will be missed not only by nurses but by the community. On the morning of her funeral, flags on all public buildings in the city were at half mast. She was buried with military honors.

Elizabeth Rambo (class of 1924, Washington Sanitarium and Hospital, Washington, D. C.), on September 29, in the same institution, after five years of helplessness and suffering from spastic paralysis, courageously borne. Miss Rambo's illness commenced during her last year of training, but she was cared for in every way by the Hospital—her room and her nurses being given her and the final expenses provided. Miss Rambo's patience and fortitude were a lesson to her many friends and to the nurses who cared for her.

Emerson Smith (a graduate of the Bellevue School for Male Nurses) on October 18, in Deland, Fla., suddenly. Mr. Smith did private duty for a time, but in 1917, he volunteered for military service and was sent to France. He was gassed, but not seriously. Burial was at Princeton, Mass., with Masonic rites and military honors.

Elsie Suebert (class of 1913, St. Mary's Hospital, Philadelphia), on July 20, at St. Agnes' Hospital, Philadelphia, after a prolonged illness. Miss Suebert was a private duty nurse for several years, then an anesthetist, first at St. Joseph's Hospital, Reading, then at St. Agnes'. She is greatly missed by her associates.

"TO the Glory of God and in the name of our merciful Saviour we lay this corner stone of the Nurses' Home of the Children's Hospital, to be known by the name of Gardner House.

"Here women consecrated to the happy service of sick and suffering children will dwell and here they will gain rest, courage and cheer for their happy work."—From prayers by Bishop Lawrence at the laying of the corner stone of Gardner House, Children's Hospital, Boston, Mass., October, 1929.

Books You Will Enjoy

ISABEL ELY LORD

HERE is another interpretative biography, and a fascinating one—*Attila: The Scourge of God*, translated from the French of Marcel Brion. It gives a vivid picture of the days of degenerating Rome, and a marvellous one of the chaotic hordes of the Huns, and of their misunderstood and maligned leader, Attila. (McBride, $3.50.)

Loki: The Life of Charles Proteus Steinmetz, by Jonathan Norton Leonard, interprets for us quite another misunderstood world figure. A cripple, hampered by poverty, with one of the great mathematical minds of record, a Socialist who was content to work for a huge corporation, a friendly little man with a liking for ugly plants and animals as well as for cheap tobacco—read about him. (Doubleday, $2.75.)

It is late to mention Franz Boas' *Anthropology and Man* (W. W. Norton, $3), but, to make a confession, this reviewer lost her copy half read, and there was incredible delay in getting another. The book is so full of meat that if you are interested in the problems of modern life you cannot afford to miss it. Unfortunately it is carelessly printed—though with large clear type on good paper—but the meaning is not obscured thereby. It offers no solutions, but much light for the path ahead.

To find a so-called popular work on astronomy and physics is not so easy—nor is it easier to write one. Sir James Jeans has given us *The World Around Us* (Macmillan, $4). It is intended for the layman, and written by a scientist. If a little harder nut to crack than those scientists in other fields have given us of late, it still yields a rich kernel to the reader.

When the world lost Donn Byrne through an automobile accident, he left the manuscript of a novel, *Field of Honor*. It is the story of an Irish man and wife who are on different sides of the Ireland-England struggle, and covers the period of Napoleon's rise and fall. The sinister figure of Castlereagh stalks through its pages, and a series of interludes gives brilliant flashes of some of the great men and women of the time. The haunting beauty of the Irish country colors this enchanting book. (Century.)

If you enjoy an entirely delightful bit of nonsense, here is George Birmingham's *The Major's Candlesticks* (Bobbs, Merrill). The irrepressible and irresistible "J. J.", the Irish Anglican clergyman whom readers of Mr. Hannay (for that is the author's real name) know, pervades the volume.

Maud Diver's *Wild Bird* takes us to India among the English, with complications for the girl indicated by the title, but a real old-fashioned happy ending. (Houghton.)

For a thriller, *The Ginger Cat* of Christopher Reeve is excellent—but not for the nervous, as there are a number of fiendish people in it, with their corresponding crimes. (William Morrow.)

About Books

Nursing Procedures: A Manual Used in the Teaching of the Principles and Practice of Nursing in the University of Minnesota School of Nursing. By Marion L. Vannier and Barbara A. Thompson. 233 pages. University of Minnesota Press, Minneapolis, Minn. Price, $2.50.

THIS book is intended as a nursing manual and was developed from mimeographed sheets into its present book form. The authors have included only the outlines of procedure, thus giving the student a plan to work from without copious note-taking, and leaving to the individual teacher the selection of the material necessary for teaching. It is a student's rather than a teacher's manual.

Procedures are arranged lesson by lesson in order, as they are taught, going from the care of the patient's environment through the simpler treatments to the more complex. Several of the chapters are especially valuable because they present subjects which have been somewhat slighted in other books of this sort. Among these subjects are: the comfort of the patient, the collection and care of specimens, (What medical head nurse would not welcome an "appreciation course" for her students before they arrived on her ward?) and finally charting.

Individual procedures follow a rather definite pattern. They are outlined under the headings: "Aim," "Necessary Articles," "Procedure." To these might also be added, where necessary, "Number of Nurses Required."

Diagrams are used to some extent through the book but since numbers are used to indicate equipment, they do not convey a very definite picture to the reader. Drawings illustrating the set-up of trays would be helpful and diagrams could be used to illustrate some of the niceties of charting, for instance recording a chill graphically.

While for the local teaching plan it may be more convenient to include in one volume each of the several methods in use in the four associated hospitals, to do so must confuse many other readers. For example, on page 201, the student is told to use 1 per cent liquor cresolis as a hand solution in caring for infectious cases; while on page 192, 2 per cent lysol is ordered for the same purpose. Infected liquids may be disposed of down the hopper in the service room, on page 187, while on page 180, they are mixed with 5 per cent chlorinated lime. On page 145, the nurse giving a nasal irrigation is instructed to "have the patient blow his nose, first on one side and then on the other, a short time after treatment is completed"; while on page 146, she is told: "Do not allow the patient to forcibly blow his nose after the irrigation; he may sniff out excess solution and mucus and wipe his nose quietly without blowing."

The subject of comparing nursing technics is an interesting one. It is a question, however, whether the student nurse is ready to be confronted

with the problem during her basic course in nursing. And in any text dealing with nursing methods, it would seem well to include a set of standards for judging them.

Another open question is that of including, in a purely nursing handbook, those details of ward management which would ordinarily be found in a ward manual. Among these are the duties of the night nurse, duties for the Senior on diets, and others which are more or less local in their application. If, however, their place is in a text of this kind, it might be well also to include the preparation of the patient for different x-ray examinations.

An appendix to the book devotes six pages to a copy of the Rating Scale for Students in use in the University of Minnesota School of Nursing. It is extremely interesting, as it considers professional aptitudes and skills under nine sub-headings and personal fitness under three, with a device for placing the student on the scale under each. There is also space for indicating special handicaps, and directions for using the scale are given. It is a very well thought-out measuring rod for the student's ward practice.

While this text has certain obvious limitations, it is known that a second edition is already being prepared. After experimenting with the first edition, it seems certain that there will be a number of changes which will make the book on the whole of more general service.

H. W. M.

THE TEACHING OF IDEALS. By W. W. Charters. 372 pages. The Macmillan Company, New York. 1929. Price, $2.

THIS book was obviously written for those who teach children. Even so, those who teach nurses, and who must therefore concern themselves with methods of integrating personality and developing character, will welcome the practical aid to be found between its covers.

Dr. Judd begins his introduction to the book as follows:

> There are evidences on every hand that the specialized forms of knowledge which the schools impart on particular subjects of instruction do not supply the training of personality and of character which is needed to fit pupils for responsible and successful living. The demand is being voiced on many sides for more training which shall improve the morals of pupils and shall render pupils more competent to discharge their social obligations.

So true is this of nurses that Dr. Judd might have been writing of them.

Dr. Charters believes that *all* good teaching is essentially ethical but he pleads throughout for careful analysis of character traits, of problems, of teaching methods; in other words, for clear thinking. For example, he says: "An ideal can influence conduct only in so far as it is applied by the agent to specific situations." In other words the ability to recite a rule, no matter how good, is fruitless unless the individual knows how to apply the rule to actual life situations. "Teach a child honestly to reason out his moral problems, and his character will take care of itself."

The eighteen rules for a teaching program which end the book contain many suggestions for teachers of nurses. The extensive bibliography contains some titles which might profitably be added to nursing school libraries.

M. M. R.

Books Received

MEMORANDA OF TOXICOLOGY. By Max Trumper, Ph.D. Second edition. 214 pages. P. Blakiston's Son and Co., Philadelphia. 1929. Price, $1.50.

Official Directory

International Council of Nurses.—Sec., Christiane Reimann, 14 Quai des Eaux Vives, Geneva, Switzerland.

The American Journal of Nursing Company.—Offices, 370 Seventh Ave., New York.—Pres., Bess M. Henderson, Milwaukee Children's Hospital, Milwaukee, Wis. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Mary M. Riddle, care American Journal of Nursing, New York, N. Y. Elsie M. Lawler, Baltimore; Sally Johnson, Boston; Miss Elsbeth Vaughan, St. Louis; Elizabeth G. Fox, Washington, D. C.

Committee on the Grading of Nursing Schools.—Director, May Ayres Burgess, Ph.D., 370 Seventh Ave., New York.

The American Nurses' Association.—Headquarters, 370 Seventh Ave., New York. Pres., S. Lillian Clayton, Philadelphia General Hospital, Philadelphia, Pa. Sec., Susan C. Francis, Children's Hospital, Philadelphia, Pa. Treas., Jessie E. Catten, New England Hospital for Women and Children, Dimock St., Boston 19, Mass. Headquarters Dir., Janet M. Geister, 370 Seventh Ave., New York. Sections: Private Duty, Chairman, Anna C. Gladwin, 263 E. Voris St., Akron, O. Mental Hygiene, Chairman, Ella J. Taylor, New Haven Hospital, New Haven, Conn. Legislation, Chairman, Josephine E. Thurlow, Cambridge Hospital, Cambridge, Mass. Government Nursing Service, Chairman, Elinor D. Gregg, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C. Relief Fund Committee, Chairman, Carrie M. Hall, Peter Bent Brigham Hospital, Boston. Revision Committee, Chairman, Marie Louis, Muhlenberg Hospital, Plainfield, N. J.

The National League of Nursing Education.—Headquarters, 370 Seventh Ave., New York. Pres., Elizabeth C. Burgess, Teachers College, New York. Sec., Stella Goostray, Children's Hospital, Boston. Treas., Marian Rothman, Bellevue Hospital, New York. Ex. Sec., Nina D. Gage, 370 Seventh Ave., New York.

The National Organization for Public Health Nursing.—Pres., Mrs. Anne L. Hanson, 181 Franklin St., Buffalo, N. Y. Director, Katherine Tucker, 370 Seventh Ave., New York.

Isabel Hampton Robb Memorial Fund Committee.—Chairman, Elsie M. Lawler, Johns Hopkins Hospital, Baltimore, Md. Sec., Katherine DeWitt, 370 Seventh Ave., New York.

New England Division, American Nurses' Association.—Pres., Edith Soule, State Dept. of Health, Augusta, Maine. Sec., Elizabeth Van Patten, 35 Elm St., New Haven, Conn.

Middle Atlantic Division.—Pres., Jane E. Nash, Church Home, Baltimore, Md. Sec., Marion Duvall, City Hosp., New York.

Mid-West Division.—Pres., Mabel Dunlap, Moline, Ill. Acting Sec., Eugenia Kennedy, 309 Traction Terminal Bldg., Indianapolis, Ind.

Northwestern Division.—Pres., Mrs. Elizabeth Soule, University of Washington, Seattle, Wash. Sec., Katherine Leahy, University of Washington, Seattle, Wash.

Southern Division.—Pres., Annie M. Beddow, Norwood Hosp., Birmingham, Ala. Sec., Bernardine Bryant, Selma, Ala.

Nursing Service, American Red Cross.—Director, Clara D. Noyes, American Red Cross, Washington, D. C.

Army Nurse Corps, U. S. A.—Superintendent, Major Julia C. Stimson, War Department, Washington, D. C.

Navy Nurse Corps, U. S. N.—Superintendent, J. Beatrice Bowman, Bureau of Medicine and Surgery, Department of the Navy, Washington, D. C.

U. S. Public Health Service Nurse Corps.—Superintendent, Lucy Minnigerode, Office of the Surgeon General, U. S. Public Health Service, Washington, D. C.

Nursing Service, U. S. Veterans' Bureau.—Superintendent, Mrs. Mary A. Hickey, Hospital Section, U. S. Veterans' Bureau, Washington, D. C.

Indian Bureau.—Supervisor of Nurses, Elinor D. Gregg, Office of the Medical Director, Bureau of Indian Affairs, Dept. of the Interior, Washington, D. C.

Department of Nursing Education, Teachers College, New York.—Director, Isabel M. Stewart, Teachers College, Columbia University.

State Associations of Nurses

Alabama.—Pres., Annie M. Beddow, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1220 N. 26th St., Birmingham. Pres. examining board, Helen MacLean, Norwood Hospital, Birmingham. Sec., Linna H. Denny, 1220 N. 26th St., Birmingham.

Arizona.—Pres., Mrs. Kathryn G. Hutchison, Tombstone. Sec., Mrs. Mildred P. Fulkerson, 735 E. Moreland St., Phoenix. Pres. examining board, Helen V. Ryan, 514 N. 2d St., Phoenix. Sec.-treas., Minnie C. Benson, 169 N. Church St., Tucson.

Arkansas.—Pres., Katherine Pollard, St. Vincent's Inf., Little Rock. Sec., Blanche

Tomaszewska, 1004 W. 24th St., Pine Bluff. Pres. examining board, Walter G. Eberle, M.D., First National Bank Bldg., Fort Smith. Sec.-treas., Ruth Riley, Fayetteville.

California.—Pres., D. Dean Urch, Highland Hosp., Oakland. Sec., Ruth V. Wheelock, Community Hospital, Riverside. Director of headquarters, Anna C. Jammé, Room 802, 620 Sutter St., San Francisco. State League Pres., Mary M. Fleharty, University of California, Berkeley. Sec., Nellie M. Porter, 819 Associated Realty Bldg., Los Angeles. Director Bureau of Registration of Nurses, Sarah G. White, State Office Bldg., Sacramento.

Colorado.—Pres., Ann Dickie Boyd, 414 14th St., Denver. Sec., Irene Murchison, State House, Denver. State League Pres., Mrs. Dorothy Conrad, 809 Central Savings Bank Bldg., Denver. Sec., Ruth Colestock, Colorado General Hospital, Denver. Pres. examining board, Loretto Mulherin, St. Joseph's Hospital, Denver. Sec., Irene Murchison, State House, Denver.

Connecticut.—Pres., Margaret Barrett, 463 Edgewood Ave., New Haven. Sec., Amber L. Forbush, 46 Durham Ave., Middletown. Ex. sec. and state headquarters, Margaret K. Stack, 175 Broad St., Hartford. Pres. examining board, Martha P. Wilkinson, Linden Apartment, Hartford. Sec., Mrs. Winifred A. Hart, 109 Rocton Ave., Bridgeport.

Delaware.—Pres., Evelyn Hayes, Bayard and Wawaset Ave., Wilmington. Sec., Mrs. Mae P. Smith, 82 Richardson Road, Richardson Park. Pres. examining board, Harold L. Springer, M.D., 1013 Washington St., Wilmington. Sec., Mary A. Moran, 1313 Clayton St., Wilmington.

District of Columbia.—Pres., Julia C. Stimson, War Department, Washington. Sec., Annabelle Peterson, 1237 K St., N. W., Washington. District League Pres., Janet Fish, Emergency Hosp., Washington. Sec., Elizabeth Dempsey, Homeopathic Hosp., Washington. Pres. examining board, Mary M. Carmody, Children's Hosp., Washington. Ex. sec., Bertha E. McAfee, 1237 K St., N. W., Washington.

Florida.—Pres., Mrs. Lucy Knox McGee, City Board of Health, Jacksonville. Sec., Mary E. Kavel, St. Luke's Hospital, Jacksonville. State League Pres., Anna L. Fotting, Morrell Memi. Hosp., Lakeland. Sec., Georgia H. Riley, Jackson Memi. Hosp., Miami. Pres. examining board, Anna L. Fotting, Morrell Memorial Hosp., Lakeland. Sec.-treas., Mrs. Lydia B. Benham, Hawthorne.

Georgia.—Pres., Lucia Mason, Patterson Hosp., Cuthbert. Sec., Mrs. J. F. Hawthorne, 410 Arnold St., N. E. Atlanta. State League Pres., Mrs. Eva S. Tippens, Grady Hospital, Atlanta. Sec., Annie B. Purcell, Grady Hospital, Atlanta. Pres. examining board, Margaret Dorn, 1117 Telfair St., Augusta. Sec.-treas., and Ex. Sec., state asst., Jane Van De Vrede, 131 Forrest Ave., Apt. 18, Atlanta.

Idaho.—Pres., Mrs. Florence Johnson, 815 N. 7th St., Boise. Sec., Mrs. Emma Amack Meier, 1606 N. 8th St., Boise. Department of Law Enforcement, Bureau of Licenses, C. A. Lauerman, Director, State Capitol, Boise.

Illinois.—Pres., May Kennedy, 6400 Irving Park Blvd., Chicago. Sec., Ella Best, 800 S. Honore St., Chicago. State League Pres., Evelyn Wood, 116 S. Michigan Blvd., Chicago. Sec., Mrs. Vera S. Brandt, Michael Reese Hosp., Chicago. Supt of Registration, Addison M. Shelton, State Capitol, Springfield.

Indiana.—Pres., Gertrude Upjohn, Protestant Deaconess Hosp., Evansville. Sec., Mrs. Blanche L. Morton, 2004 Evergreen Ave., Indianapolis. Ed. director and ex. sec., Bessie Kennedy, 320 Traction Terminal Bldg., Indianapolis. State League Pres., Mrs. Ethel P. Clarke, Indiana University Hosp., Indianapolis. Sec., Frances MacMillan, Methodist Hosp., Indianapolis. Pres. examining board, Anna M. Holtsman, Lutheran Hospital, Ft. Wayne. Sec., Lulu V. Cline, Room 413, State House, Indianapolis.

Iowa.—Pres., Grace Van Evera, R. F. D. 1, Davenport. Sec. and director nursing education, Maude E. Sutton, Div. of Nursing, State Dept. of Health, Des Moines. State League Pres., Mary Elder, Burlington Hosp., Burlington. Sec., Sister Mary Thomas, Mercy Hospital, Des Moines. Pres. examining board, Frances G. Hutchinson, 551 Franklin Ave., Council Bluffs. Sec., Marianne Sisby, 213 Masonic Temple, Marshalltown.

Kansas.—Pres., Anna Lee Washburn, Public Health Nursing Assn., City Hall, Wichita. Sec., Edna G. Hinners, Wesley Hosp., Wichita. State League Pres., Henrietta Frohlich, Bell Memorial Hosp., Kansas City. Sec., Martha Keaton, Christ's Hosp., Topeka. Pres. examining board, W. Pearl Martin, Ext. Dept., K.S.A.C., Manhattan. Sec.-treas., Cora A. Miller, Newman Memi. Hosp., Emporia.

Kentucky.—Pres., Sue Parker, 317 Transylvania Park, Lexington. Cor. Sec., Mrs. Florence McClelland, Wehnberger Gaulbert Apts., Louisville. State League Pres., Flora E. Keen, Thierman Apt. C-4, 416 W. Breckenridge St., Louisville. Sec., Lillian R. Rose, Sts. Mary and Elizabeth Hospital, Louisville. Pres. examining board, Alice Muriel Gregg, Norton Memi. Infirmary, Louisville. Sec. Flora E. Keen, Thierman Apt. C-4, 416 W. Breckenridge St., Louisville.

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Maine.—Pres., Louise P. Hopkins, Room 9, City Hall, Bangor. Sec., I. C. Johnson, Farmington State Normal School, Farmington. Pres. examining board, Agnes Nelson, Maine General Hospital, Portland. Sec.-treas., Mrs. Theresa R. Anderson, Box 236, Bangor.

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Michigan.—Pres., Emilie Sargent, 51 W. Warren Ave., Detroit. Cor. Sec., Amy Beers, Hackley Hosp., Muskegon. Gen. Sec., Mary C. Wheeler, Capital Savings and Loan Bank Bldg., Lansing. State League Pres., Elizabeth Watson, Blodgett Meml. Hosp., Grand Rapids. Sec., Adelaide Beers, Hackley Hosp. Muskegon. Pres., examining board, Guy Kiefer, M. D., Detroit. Sec., Mrs. Ellen L. Stubbleobier, 612 State Office Bldg., Lansing.

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